18332 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18345 Item6 FilmGLO8 1/6/69 kk 1. DECEASED-NAME First Middle Lost 2n DATE OF DEATH 2b. HOUR death. death. ineral and (Type or print) 1968 SOPHIA BURTHA ASENDORE Dec. IF LINDER I YEAR IF LINDER 24 HRS. 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years ast birthday) HOURS 30. Fe male White Aug. 9. COUNTY OF DEATH 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED T DIVORCED [7] Washington U. S. A. Maryland
10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Housewife give street oddress) **INDUSTRY** carban campletely Williamsport Homewood Cl 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before Own Home Homewood Church Home 13e STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY EIMITS? Mb. COUNTY odmission) STATE remove requires that the death certificate be execut Raltimore Maryland Lexinaton Baltimore 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First gud Wagner Sophia physician c nen please John Sauer and 16b. SOCIAL SECURITY NO. 17. INFORMANT AWreslliamsport. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) L (if yes give war or dates of service) signed by the attending physic burial-transit permit. Then pla burial, cremation, or removal, Supt. . 2750 Va. Ave 212-09-1264B Wagner. 18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 this certificate 21p. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e, PLACE OF INJURY State City or Town County While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 12-26-_1968, and that in (my) (our) opinion death occurred on the date and hour and from the be retained couses stated above, (I) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. director, page 3 shauld be filed v TICKED DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS 7791077 NAME (Type) OTTEC 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23g. BURIAL CREMATION. REMOVAL (Specify) 2/21/68 Loudon Park Cemetery Baltimore. 25b. REGISTRAR'S SIGNATURE Hagests town, Md 250. RECD BY REGISTRAN 24. FUNERAL DIRECTOR VR A15 44 30M REV. 1/68

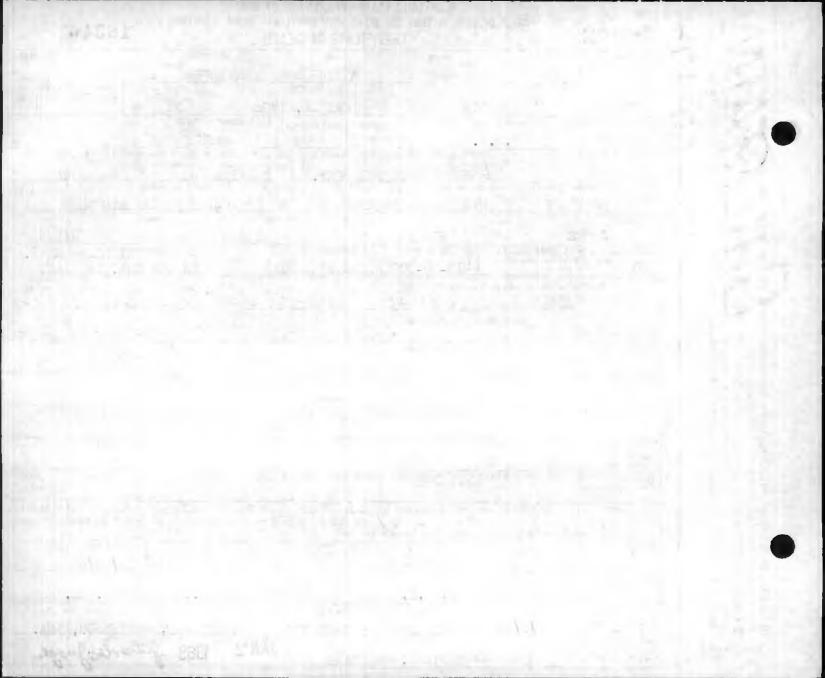
Coffman Funeral Home, Inc.

MARYLAND STATE DEPARTMENT OF HEALTH

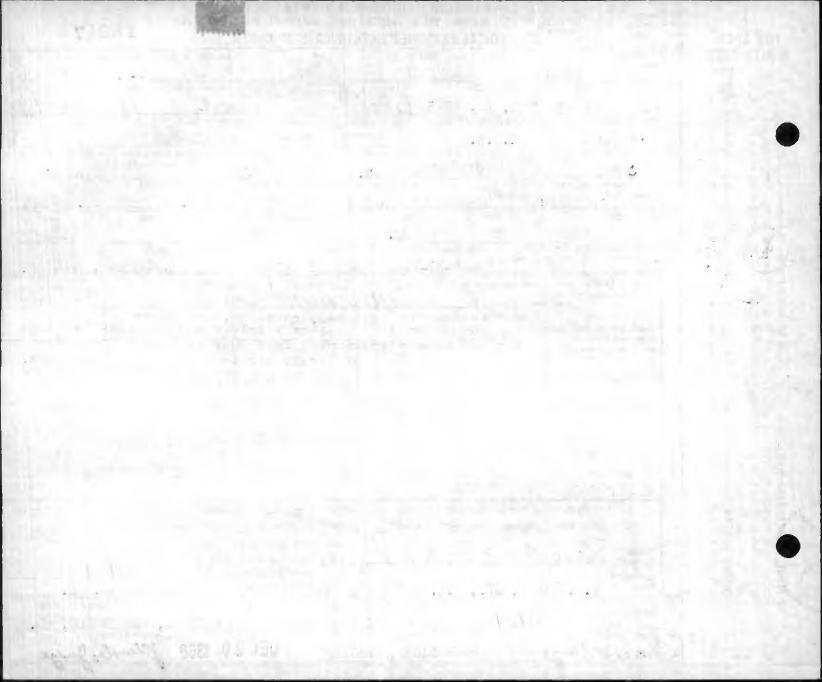
CENTRAL DELINE TOUR SOUTH AND ARTIST TROUGH TROUGHT OF THE PROPERTY nescaline L besigned o o nwi olimpeby anon drupp hoovened fromewalling .i nofenixel. II aremidia sanific bullyin R≛figed 1966. Im. . . 12 3- 40-12 interest 1.0 (2) of the court o

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR deoth. ours after death. By the funerol Pages | and 2 (Type or print) Month LILLE MAE ATKINSON after 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS DAYS HOURS WHITE MAY 26, 1896 FEMALE YRS hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED filled in 1 popers. country) AT ABAMA U.S.A. WASHINGTON WIDOWED K DIVORCED [7] 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR withi give street address) during most of working life, even if retired.) INDUSTRY requires that the death certificate be executed with WASHINGTON COUNTY HOSP HAGERSTOWN physician ond completely poq OFFICE CLERICAL WORK event, 507 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YESFT NO please remove 2118 HILLANDALE ROAD ond in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Lost Lost JAMES FLEMING HAYES LILLIE 16b. SOCIAL SECURITY NO. 17. INFORMANT 2118 AddressHTLLANDALE RD. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no or unknown) or removal, 419-30-30084 ottending phys MRS PAUL WINN HAGER STOWN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove buriol-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE-DI stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been as the 190. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY و OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medicol exominer) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while to work 22a. I certify that (1) (this Kospital) attended the deceased framand that in (my) XXXIII apinian death accurred an the date and haur and from the saw the deceased alive ancauses stated abave, (1) XWel (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS pode 22d PHYSICIAN 22e ADDRESS director, por NAME (Type) 1135 POTOMAC AVE. HAGERSTOWN M.D. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) MOV BIRMINGHAM. FOREST HTLL CEMETERY REGISTRAR ADDRESS 2So. REC'D VR A15 (4) HAGERSTOWN, MARYLAND 30M REV. 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



HAGERSTOWN. MARYLAND



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

£	-24			DSED-MAINE FIRST MIDDLE LOST 20. HOUR CIT DEATH 20. HOUR CITY DEAT
death	funeral 1 and 2 er death.		f,	arprint) BLATENCE William BArnhArt December 13 1968 12PM
5	in i		3. SE	4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS.
ŧ	aft aft		N	ALE White Aprilio, 1896 last birthday) MONTHS DAYS HOURS MIN.
within 24 hours after	s. Rages I hours after the	1	7.1	
101	G (3)	3	COUL	MENTAL DE METER MARKOLED
4	- 10 C	10	X	CASTEY CO PA. CU.S.A. WIDOWED DIVORCED WAS IN A TON COUNTY Md.
_	filled third 7	1	10. 0	OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
Ŧ	ely filled in brong pages.	10	71	1/1Amsport give street address) W. 1/1Amsport during mast of working life, even if retired.) Noustry Wood Worker Numiture
3	9 5		-	JAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY UMITS? 13e, STREET AND NUMBER
P /	cample) move car	1/	admi	in) STATE 1 136 COUNTY ()
3 /	500		-	THAT GIANG COUNTRY OF THE COUNTRY OF
S.	E &	1	14. F	IER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
pe	din de re			Luther M Barnhart Susan A Staumbauah
that the death certificate be executed on.	eas		16a.	/C- A/
≅	physician chen please aval, and is		Υ	Address Virginia Ave. (If yes give wor or dates of service) 214-09-0666A DELMONT BAYNHAYT 2423 Virginia Ave.
ET .	by the attending physician and contracting please remoterable to the please remote cremation, ar removal, and in only		-	1/2 Topopovinist myrava
ç	permit. The			CAUSE OF DEATH (Enter only one cause per line for (a), (b) of (c).) PART I. DEATH WAS CAUSED BY:
eat	arit a			IMMEDIATE CAUSE (a)
0	aff on,			+369 DUE TO, ORAS A CONSEQUENCE OF
÷	tit a			nditions, if any, which gave) (So eilles for the excellence)
to c	y t			e ta immediate (ause (a),
Sign	유투기			of the underlying cause of the consequence of the c
iji. Vš	signed burial- burial,			ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN AN PART 1(d)
100				
w Ing	the r to		NO	Melitable Couler / Kight Leing
en d	s b os	0	CATI	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. AUTOPSY? 200. AUTOPSY? 200. AUTOPSY?
를	icate has been far use as the Health priar ta	2	CERTIFICATION	YES NO DI CAUSES OF DEALER
- b	and a			a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21d HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
⊒ ਦ	着古夫		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year either, natify medical examiner) P.M. 19
PHYSICIA e haspital	red to		GW.	either, natify medical examiner) P.M. 19 d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty State
₹ ĕ	his ce etache Dept.			hile Not white T (OFFICE BUILDING, ETC. 7)
∌ ق	te e te			wark at work
£ À	offer fl be de State			20. I certify that (1) (this hospital) attended the deceased from
Z P	he de			saw the defeased five on19 and that in (my) (aur) apinion deoth occurred on the date and haur and from the causes stated except, (1) (we) (did (did not) view the bady offer death.
E · E	5 5 E			
Z in	S × ×			ATTENDING MED. STAFF
2,0	DIR			DEGREE PHYS. DIRECTOR PHYS. 12-14-68
Z ò	page fi	1		NAME (Type) PO TILO COLO DO CILLO 220. ADDRESS
A T	ER.			NAME (Type) FLIT NC 95 CN) ROSILU 580 Marthery Cere. Hog
Page 4 may	director, po	0	23a.	IRIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Site)
0 8	O in its	M		Burial 12/15/68 Rest Haven Cemetery Hagerstown-Washington- Id
_		p	24.	ADDRESS 256. REC'D BY REGISTRAK 256. REGISTRAK'S SIGNATURE
	VR A15 (4) 30M REV. 1/			est Haven Funeral Chapel Hagerstown, Md. DATE DEC 18 1968 Schooles Judge.
				ear naver juneral traper nageralown, it but I to 1000 h

8.081 Quely atterned borne militare Censer of Kinglet Leine 2 Level for the second of the second of the second PRESIDENT SENDOSTAN SED MANTENIA CON SEN

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1		18336	DIVISION OF VITAL RECORDS,	CERTIFICATE O		RE, MARYLAND 21201	18349
death.		CEASED-NAME First ype or print) Walt	Middle Eer Mathias	Lost Beitler	1	December 1	2b. HOUR
the mages after safter	3. SI	Male	4. RACE White	S. DATE OF		6. AGE (In years last birthday)	F UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MI
within 24 haurs after tely filled in by the bon papers. Page , within 72 haurs after	Con	SIRTHPLACE (State ar fareign try). Lifway Wash.Co.	75. CITIZEN OF WHAT COUNTRY? Md. USA		VORCED	Washington	
ed within 24 pletely filled carban pape ent, within 7	10. 0	Hagerstown	11. NAME OF HOSPITAL OR IN give street address) Washington (sed lived, if institution: Residence before	Co. Hospital	during most of	CUPATION (Kind of wark done working life, even if retired.)	125. KIND OF BUSINESS OR INDUSTRY Autro ad
E e e	adm	ssion) STATE (Where deceases saion) STATE (Where deceases saion) ATHER'S NAME First	13br COUNTY - Washington Middle Last	Boonsboro	YES NO MAIDEN NAME First	27 Potomac	St.
ag ag ag		John WAS DECEASED EVER IN U.S. ARA	Samuel Bei	tler	EUa	No ra	Kahoe
certificate physician physician please naval, and	100	es, no or unknown) (If yes give w	and an dates of security	747 Mrs. Evo	A. Beitle	r 27 Potomac S	APPROXIMATE INTERVAL
requires that the death certifically physician. I signed by the attending physic burial-transit permit. Then ple burial, cremation, ar remayal, a		PART I DEATH WAS CALISE	D BY: ATE CAUSE (a) PNEUN DUE TO, OR AS A CONSEQUENCE OF	ONIA			SEVERAL DAYS- ARO
that the an. by the cransit purchastion		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause((5)		_		3-4
equires (physicia signed I burial-tr burial, c		lost. 493 X	(c)	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	REMIA
tending is been so as the briartak	CERTIFICATION	A RTE1CIO SCL 19a. DATE OF OPERATION 19b.	ENOTIC HEART DISCONDITION FOR WHICH OPERATION WAS P	ERFORMED 200. AL	JTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
The part of the pa		210. ACCIDENT WAS UNDERLYIND OR CONTRIBUTING CAUSE OF DEAT				ure of injury in Port 1 or Port 2	2, Item 18.)
Digital Para	MEDICAL	(If either, natify medical exami		9	treet or R.F.D. Na.	City or Town	County State
		220. I certify that (I) (th	is hospital) attended the deceaselive on DEC 15.	ed fram Pe. C	// , 19 6 8	, to Dec 15, I	9.68 , that (I) (we) lo
ATENDING retained by II ECTOR: After a shauld be dwith the State		causes stated above	e, (j) (we) (did) (did nat) view the	ATTEN	IDING MED.	STAFF - 220	c. DATE SIGNED
Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22h. PHYSICIAN'S NAME (Type)	access And But	DEGREE PHYS.	DIRECT	N ST SHARPS	12417/68 15418/ 119
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill	230	BURIAL, CREMATION, 235. RLMOVAL (Specify)		CEMETERY OR CREMATORY	23	d. LOCATION (City or Tawn)	(County) (State)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR WE Rest Haven Jun	4. C. Norsh ADDRESS	t Haven Ceme erstown. Md.	2Sa. RECD BY RED DATE DEC 2	dagers town-Working 25b. REGISTRAR 25b. REGISTRAR	es signature

MARIT prompt recovered and the second of the secon Madell world the same town Mileson for every transfer of the second second The commence of the state of th UTC CINCUM. DEUCH 1968 JOHNSON

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18350 CERTIFICATE OF DEATH OECEASEO-NAME Middle Lost 20-DATE OF DEATH 2b. HOUR death. law requires that the death certificate be executed within 24 hours ofter death puo (Type or print) Month / Ci IF UNDER 24 HRS 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF JHIDER I YEAR WHITE lost_birthday) 7c BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT MARRIED PRINTER MARRIEO country) WIDOWED DIVORCED [sicion and completely filled in please remove carban paper within , 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital USUAL OCCUPATION (Kind of work done 120 12b KIND OF BUSINESS OR event, 1 130 USUAL RES.DENCE (Where deceased lived, if institution. Residence before odmission) STATE 15 TOCUE and in ony 14. FATHER'S NAME Middle Middle 15. MOTHER'S MAIDEN NAME First lost UNKROWN physicion NIGO WAS DECEASED EVER IN U.S. ARMED FORCES? **6b SOCIAL SECURITY** (If was give wat or dates of service) ng/ogunlarown) removal, APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial, cremation, Conditions, Tony, which gove **burial-tronsit** rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been the t Heolth prior to 19a, OATE OF OPERATION 20a AUTOPSY? 20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 215 TIME OF INJURY ō OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detoched AT HOME, FARM, STREET FACTORY. 1 21F LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY Street or R.F.D. No. City or Town County Stote Not while OFFICE BUILDING FTC While of work ot work 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. 1968, and that in (my) (our) opinion death accurred on the date and hour and fram the be retained director, page 3 shauld should be filed with the causes stoted above, (1) hwell (did) (dia pot) view the body after death. 22c CATE SIGNED ATTENDING DIRECTOR PHYS 22e. ADDRESS 1135 Potomac PHYSICIANS NAME (Type) Birford M.D. Richard Hagesstown, Md. 23g/18URIAL CREMATION 23d. TOCATION (City or Town) (County) y REMOVA (Scerv)

VR A15 (4) 30M REV, 1/68



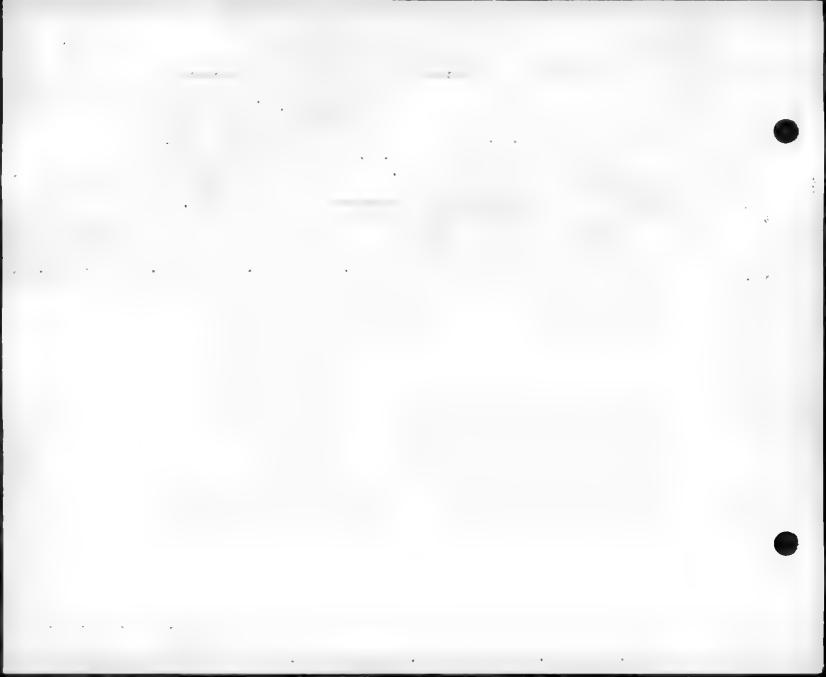
MARYLAND STATE DEPARTMENT

OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				(ERTIFI	CATE OF	DEATH			1	835.	1	
	CEASED-NAME	First		Middle		Last		2a DATE OF			.,	2b. H	OUR
1 (1	ype or print)	Milton	1	Reichard		Bloom		Dece	mber Manth	10. Day	1968	9:45	AM
3. SE	Х		4 RACE			5. DATE OF E	IRTH		6 AGE (in		F JINDER 1 YEAR	IF UNDER 2	
	Male		White	3		Augus	t 21, 1	909	last birth	YRS.	ONTHS DAYS		MIN
	RIRTHPLACE (State		. CITIZEN OF WH	IAT COUNTRY?	8 MARRIES	NEVER MA	RRIED	9. COUNTY OF	DEATH				
Ba	kersvill	e, Md.	U. S.		WIDOWE	DIVO	RCED 🗌	Washi	ngton				Md
10 C	ITY OR TOWN OF D	DEATH	11 NA	ME OF HOSPITAL OR	TIOTION A	nat in haspital	12a USUA	L OCCUPATION	(Kind of w	rk done	12b KIND OI		OR
	agerstow			shington Co	e. Ho	spital	during me	perato	re, even ir	Cit	INDUSTRY WALL	r De	pt.
		(Where deceased	lived, if instituti	on: Residence before	13c. CITY C	R TOWN	13d. INSIDE CITY LIF		REET AND NE	JMBER			
	aryland		Washir	ngton	Boon	sbore			fd. 2				
14	ATHER'S NAME	First	Middle	Last		15 MOTHERS N	AIDEN NAME FI			Middle		Lost	
		chard	D.	Bloom			Nan	mie			Monga	ın	
	WAS DECEASED EV			16b. SOCIAL SECURITY		INFORMANT				Address			
	NO.	<u></u>		214-09-64	30 M	rs. Flo	rence T	Bloo	a, Rfc	1. 2.	Boons	MATE INTERV	_Md
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I, DEATH WAS CAUSED BY												ATH
١,	IMMEDIATE CAUSE (a)												
	4101	111	DUE TO, OR A	LS A CONSEQUENCE OF	t	0 - 4	1			,	ku	M/UZ	~
	Canditians, if any rise to immedia		(b)	JUN	in	0/	un		3		-	-	
	stating the unde		PUE TO, OK A	S A CONSEQUENCE OF		- 11	1	A.	11 11 -0				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)												
	TAKE 2. OTHER SIGNIFICARE COMMITTIONS CONTRIBUTING TO DESIGN BUT RECEIVED TO THE TERMINAL DISEASE OF COMMITTION OFFER OF FART 1(0)												
NO.	19a. DATE OF OPER	ATION 19b. CO	NOITION FOR WH	CH OPERATION WAS PE	REORMED	20g. AUT	OPSY?	20b. IF	YES, WERE I	INDINGS CON	SIDERED IN (ERTIFYING	
CERTIFICATION	Tra. Brite of of Ex	770, 0	WALLES TOR WALL	THE STREET STREET	NI OKINED	YES		CALISES	OF DEATH?				
	21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF	INJURY	21c.		CURRED (Enter		y in Port 1	or Port 2, Ite	m IB.)		
MEDICAL	or contributing (If either, natify i		HOUR A.M. P.M.	Manth Day Year			,		,		•		
MED	21d INJURY OCC	JRRED 21e PL		AT HOME, FARM, STREET, FAC		LOCATION Stre	et or R.F.D. No	Cily	ar Tawn		County	St	ate
	White Nat wi	hile 🔲	'	OFFICE BUILDING, ETC.		, ,		,					
	22a certify	that (I) (this	hospital) atte	ended the deceose	ed from_	6/84			will	2, 196		t (I) (Juve	
	saw the	deceased aliv	e on	ce 4 !	966,0	nd fhot ih (n	ny) (our) opi	nión death c	occurred a	n the date	and hour	and from	m the
1	22b SIGNATURE	toted obove, (I) (w a) (did)	(did not) view the	body arre	r death.				22. 04	TE SIGNED ,		
	ZZD SIGURJUKE	147	pul	solen	X	GREE PHYS	ING M	IED IRECTOR	STAFF DHYS.	7 220. 0	7-1/-	-68	
	22d. PHYSICIAN S					22e AD					7 /!		
	NAME (Type)	3 MM	FY	NOVEN	15/1	FIN	FL	MKS	5 70 6	NW	m	()	
23a	BURIAL, CREMATIC	N, 23b. DA	TE	23c. NAME OF	CEMETERY C	R CREMATORY		23d. LOCATIO	ON (City or T	awn)	(Caunty)	(State)	
	SHOWAL (Sprofy	1	13- 68	Boonsbe	ore C	metery		Boons	ore,	Wash.	Co.,	Md.	
24.	FUNERAL DIRECTOR			ADDRESS			25o. REC'D B	Y REGISTRAR	2Sb. R	FGISTRAR'S SI	GNATURE	4	
J	ehn H. B	ast, Jr.	112 N.	Main St.	Boon	sbore,	MONE DE	C 1 6 1	968	Jelian	May yo	uge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending provident and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours of each constitute be executed within 24 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth Page 4 may be retained by the hospital ar attending physician.

VR ATS



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 18352 Middle 1. DECEASED NAME Last 2o. DATE OF DEATH 8 HOUT (Type or print) 12 Manth 21 Doy Charles Edward Boward 4. RACE 3 SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) male white June 9, 1902 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. USA Washington WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during moy of working the executively. Urucking Hospital Hagerstown 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE Mcl. 136 COUNTY Wash. Hagerstown NO 844 Guilford Ave. 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Middle Middle Lost George R. Boward Minnie C. Lechrone 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) 214-09-0533 Mary Jane Boward Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO IT 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R F D. No 21d. INJURY OCCURRED County City or Town State While Nat while at wark

Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been s director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to VR A15 (4) 30M REV 1/68

burial, crematian, ar remaval, and in any event, within 72 hours after death.

signed by the attending physician and canaletely burial-transit permit. Then please remave carban

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execufed

physician.

paper illed

> 23b DATE 12-24-68

23c NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

DEGREE

23d LOCATION (City or Town) Hagerstown, Md.

STAFF PHYS.

MED DIRECTOR

(County) (Stote)

REMOMATI(Spelify) 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION

22b. SIGNATURE

22d. PHYSICIAN'S

NAME Nype

ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

22c DATE SIGNED

Minnich Funeral Home DEC 2 7 Hagerstown, Md.

ATTENDING

22e. ADDRESS



18340

and campletely filled in by the funeral remave carban papers. Pages 1 and 2

executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hauss-after-death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

	CERTIFICATE OF DEATH											20000			
- 1		CEASED-NAME	First		Middle		Last	20.	DATE OF DEATH			2b. HOUR			
	(1	ype or print)	LUTHER	3 b	PETER		BOWMAN	DE	CEMBER Month 10	Doy	68 Year	6 a			
ľ	3 SE	Х		4. RACE			S. DATE OF BIRTH	1	6. AGE (In year lost birthdoy)	s F	F JADER 1 YEAR	IF UNDER 24 HRS.			
l	<u> </u>	MALE		WHI	TE		JULY 4, 18		74	YRS.	CING CHIR	ROUKS M.H.			
	7o 1	BIRTHPLACE (State or	foreign	76. CITIZEN C	OF WHAT COUNTRY?	8. MARRIE	D 🕍 NEVER MARRIED 🗌	9 COU	INTY OF DEATH						
l		MARYLANI			S.A.	WIDOWE			WASHINGTON			M			
		HAGERSTON	VN .		11 NAME OF HOSPITAL OR IN give street oddress) WASHILLITON	COUNT	duei		JPATION (Kind of wark of working life, even if reti RED LABOR	red)	126 KIND OF INDUSTRY FI FACTO	TUBBER			
	13o odmi	USUAL RES DENCE (W	here deceo	sed lived, if in	st tution: Residence before	1		CITY LIMITS?	I3e. STREET AND NUMB						
Ì	_	ssion) STATE MAT			"WASHINGTON	HAG	ERSTOWN YES		2412 E. F		LLIN S'I				
ı	14, 1		First	Mid			15. MOTHER'S MAIDEN NA		Midd		Mart v m	Last			
ı			CUTT		BOWMAN			AMAND			MULLE				
ı		WAS DECEASED EVER es, no, or unknown)	IN U.S AR	MED_FORCES? war at dates all servi	16b. SOCIAL SECURITY		INFORMANT		241			LIN ST.			
ı	_	140			220-09-9		TRS. BLANCHE	ROMM	an hagerst	OMM.		MATE INTERVAL			
ı	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) PART I, DEATH WAS CAUSED BY:														
		I AKI I DEKIN	IMMEDI.	ATE CAUSE (a)	Pheum	oni	~, bilalei	ral.			120	285.			
ı		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave)													
ı	nse to immediate cause (a). (b) Corrected to the control of the co														
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF															
			UICANT CO	(C)	PRODUTING TO DEATH DUT A	OT DELATED	TO THE TERMINAL DARKER	CONCONDITION	ON CAUSE IN DART 1/-1						
ı	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)														
	CERTIFICATION	19a. DATE OF OPERAT	ION 19b.	CONDITION FO	R WHICH OPERATION WAS P	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE FIND	NGS CONS	SIDERED IN CERTIFYING				
ı	IFICA							0 [7]	CAUSES OF DEATH?						
ı	GR	21a. ACCIDENT WAS			ME OF INJURY	21c.	HOW INJURY OCCURRED	(Enter nature	e of injury in Part 1 or P	ort 2, Iter	m 18.)				
ı	MEDICAL	OR CONTRIBUTING [CAUSE OF DEA	TH HOUR	4. 11	9									
1	MEE	21d. INJURY OCCUR	RED 21e		URY (AT HOME, FARM, STREET, FO		LOCATION Street or R.F.I	D. No.	City or Town		County	State			
ı		While Not while	e]		COPPLE BUILDING, EIC										
ı				us hospital)	attended the deceas	ed from-	15:5	1965,	10/2-10	, 19_6	F, that	(1) (we) lo			
I		saw the d	eceased a	live on	(did nat) view the	19 <u>.68</u> , (ind that in (my))(@@);	🕽 apinian (death accurred on t	ne date	and hour	and fram tl			
l		22b. SIGNATURE	Jea abav	e, (i) (Well	pped (ala nai) view ille	bady arri	er dedill.			22c DA	TE SIGNED				
		220. SISAATUS	66		28 10 111	MDD	GREE PHYS	MED DIRECTO	R D STAFF		10/68				
ı		22d. PHYSICIAN'S	we C	0-91	aver C	11/2	22e. ADDRESS	• DIKECIO	K FII73	1~1	10/00				
ı		NAME (Type)	CHARI	ES C.	SPENCER, M.	D	145 S F	PROSPE	CT ST. HAG	ERST	OWN. I	D.			
	23a	BJRIAL, CREMATION	, 23b	DATE	23c NAME OF	CEMETERY	OR CREMATORY		LOCATION (City or Town		(County)	(State)			
		REMOVAL (Specify)		2/12/69	RES	T HA	VEN CEMETER	Y HA	JEKSTOWN .WA	SHI	TON.	MD.			
	24	FUNERAL DIRECTOR	0		ADDRES		2Sa RE	C'D BY PEGI	STOAD OSC SEC.S	TRAR'S SIE	GNATURE				
	1	-Harten Sn	Nous	CA/ F	AGERSTOWN.	MARYL	AND DE	C 1 3	1968 ACL	ONCA	by Joseph	gar.			



E 9. B		
hysiciai n pleas val, an		es, no, or unknown
ECTOR: After this certificate has been signed by the attending physician 3 shauld be detached far use as the burial-transit permit. Then please with the State Dept. af Health prior ta burial, cremation, ar remaval, and	MEDICAL CERTIFICAT ON	IB. CAUSE OF D PART I. DEA ### Conditions, if on nse to immedia stating the undilast. PART 2 OTHER S ### PART 2 OTHER S ##

23a.

22d. PHYSICIAN'S

NAME (Type)

1. DECEASED-NAME

3. SEX

country)

(Type or print)

10 CITY OF TOWN OF DEATH

HAGERSTOWN

odmission) STATE Md.

Yes, no or unknown)

14. FATHER'S NAME

Female

AS UNDERLYING CAUSE OF DEATH medical examiner) hile 🗆

> 22c. DATE SIGNED MED DIRECTOR ATTENDING STAFF PHYS. Dec. 7, 1968 22e. ADDRESS

Western Md. State hosp., Hagerstown, Md.,

Che	ong Choon Han	
REMOVE (SEMATION	23b 10ATE/9/68	23R

PHYS

23d HACHERSTOWN WASHI Major

24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968

VR A15 (4) 1 30M REV. 1/68

director, should b

and coppletely filled in by the funeral remove carban papers. Pages 1 and 2 in any event, within 72 hours after death.

in any

please and

within 24 haurs after deoth.

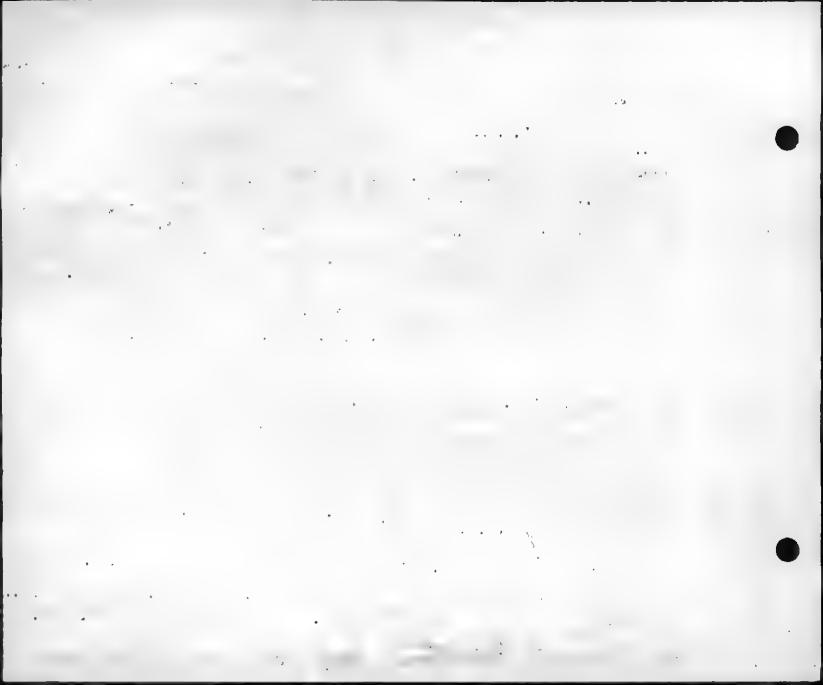
execut

OR ATTENDING PHYSICIAN: The law requires that the death certificate

be retained by the haspital or attending physician.

Page 4 may

O FUNERAL DIRECTOR: After this certificate has been



	DIVISIO	N OF STATISTICA	L RESEA					ET, BALTIM	ORE 1, MAI	RYLAND
	I+= 40	Film#GL09	1./29/6	CERTII	FICAT	E OF DEA	HTA		18	355
	PLACE OF DEA	тн 183	27.74		1		ENCE (Where d	/		nce before edmission
		hington		MARY	LAND	e. STATE	st Virgi	nia V. cou	Berkel	ev
	b. CITY OR TOWN	(if outside corporate limit	i,	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOV	VN (If outside corp	porete limits, writ		
		nd give neerest town) erstown				Ge	rrardsto	WM		
	d. NAME OF HOS	PITAL OR INSTITUTION (I	not in hospit	tel, give streel edd:	ress}	d. STREET ADD	ESS			e. IS RESIDENCE
	Was	hington Coun	ty Hos	pital		Ro	ute 1			YES NO
3.	NAME OF DECEASED	First		Middle		Lasi	4. DATE	Mont	h Day	Yeer
	(Type or print)	Mamie				raithwait		Decemb	per 30	19 68
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D B.	DATE OF BIRTH	9	AGE (In years last birthday)	IF UNDER I YEAR	
	Female	White	WIDOWED	DIVORCE	□ Oc	tober 2,	1896	71/720	Months Days	Hours Min.
10a	n. USUAL OCCUP	ATION (Give kind of work working life, even if relired	1Db. KIN	D OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (County & Stale, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY
	House		Но	me		Berkeley	County,	W.Va.	U.S.A	
13.	FATHER'S NAME				1	4. MOTHER'S MAI	DEN NAME			-
		m T.Hess					McDanie	1		
15.	WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. 50	OCIÁL SECURITY N	IO. 17. IN	FORMANT		Address	Route 1	
1	No	No	, , ,		_ A	nthony W.	Braithw	aite G		own W.Va.
		DEATH [Enter only one	cause per line	a for (a), (b), and (c).]				I IN	ITERVAL BETWEEN
Н	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	C	achexia						
	i	DUE TO								
П	Conditions, if a	ny, which \ (b)		fmerali	Z 3]	4 and brisis		_		
	gave rise to imme									
1	couse lest.			Cancer of	f left	lur -				
N N	PART II. OTH	IER SIGNIFICANT CONDIT	IONS CONTI	RIBUTING TO DEAT	TH BUT NOT	RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
I.S	163 X					-				YES NO]
CERTIFICATION	200. ACCIDENT	WAS UNDERLYING []	20b. DESC	RIBE HOW INJURY	OCCURRED.	(Enter nature of inju	ury in Pert I or Part	I II of itam 18.)		
	(IF EITHER, NOTI	FY MEDICAL EXAMINER		none						
MEDICAL	2De. TIME OF IN				20e. PLAC	E OF INJURY (Home	, ferm, 20f. (Cit	y or town)	(County)	(State)
WED	Hour a.m	HORE	While at work	Not While et work	100101	y, situal, office prog	, 410.7	-		
	21. I certify	that (I) (this hospital	al) attende	ed the decease	d from	Vet:	, 196.c) to	Dac	, 19.68,	that (i) (xyw) las
		ased alive on								
	228. SIGNATUR					ATTENDING	MED.	STAFF		226 DATE
	Here	while Trute	The Dr		M.D	DATES I A	DIRECTOR	PHYS.	J	en 216 Signer
	22c. PHYSICIAN		0			22d. ADDRESS		0 1		
	143412 (17)	" Challe	r. n	h,Jr D		300 4	 Potema 	e State	ersion,	22 2 22 20
23	REMOVAL (Speci	ATION, 236. DATE THER	EOF	23c. NAME OF C	EMETERY O	R CREMATORY	23d, 100	ATION (City, to	wn or county)	(State)
	Burial	Jan . 2 . 19	69	Pleasant	t View	Memory G				
24	FUNERAL DIRECT		wn	ADDRESS			REC'D BY REGIS		- 4	
	DAY DIE	The A	w	harma Mand	h 172 mm	Amin DAT	EFA AL A	inga (Milanton	Very Silve

1989

ADDRESS
Home-Martinsburg, West Virginia

VR A1S (4) 2DM S 63

Brown Funeral

death. Fagm 4 may be retained by the Cospital are attending payrician.

TO THISTAL HINDECTOR After this certificate has been signed by the attending physician and comidirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to barrial, cremation, or removal, and in any event, within

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death carti

By the funeral and 2 should death.

within 24 badrs after

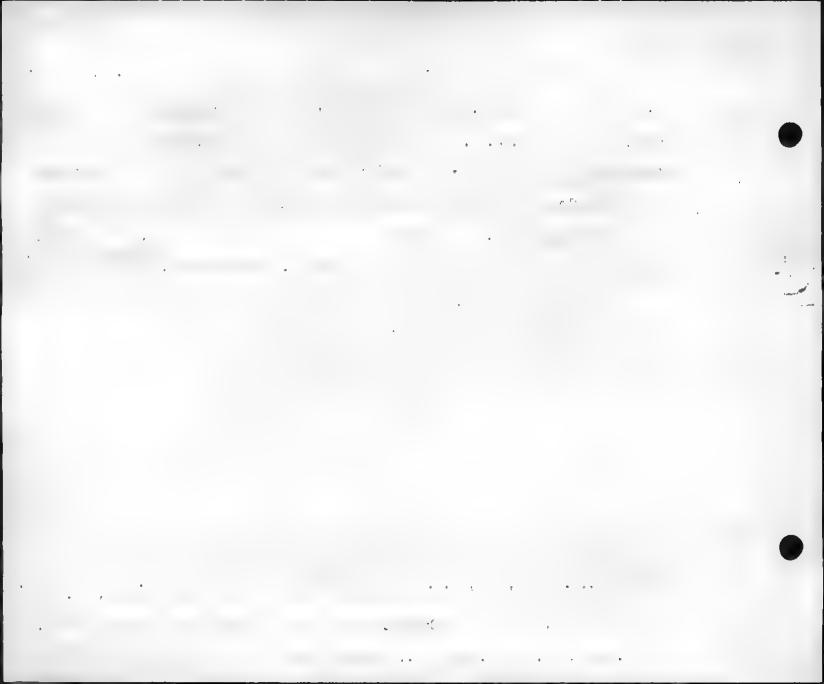
executed сошь

•



John H. Bast, Jr. 112 N. Main St., Boonsboro

METDEC 23



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Alled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers? Page should be filed with the State Dept. of Health priar to burial, cremation, or ramoval, oral in any avent, within 72 hours

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

ı	1. DE	CEASED-NAME	First		Middle	Lost		20. DATE OF DEAT	H		2b. HOUR
L	(1)	ype or print)	EDWARD	S	TUART	BUSHON	J SH.	DECEMBER		68 Teor	6:18am
	3. SE	x MALE		4. RACE WHIT	E	S. DATE OF JUNE	BIRTH 10, 1904	6. A	GE (In years st birthday) 64 YRS.	IF UNDER 1 YEAR	HOURS MIN.
	7o B caun		ite or foreign	75. CITIZEN OF WHAT	Α		ORCED [WASHIN	JTON		Md
/	10. C	ITY OR TOWN HAJER		11. NAM give stri WAS	E OF HOSPITAL OR INSTIT Bet oddress) HIN FTON CO	UTION (If not in hospital UNTY HOSP.	during mos	L OCCUPATION (Kind st of working life, VIE	d of work done even if retired.)	126, KIND OF E INDUSTRY LA	
į.	13a odm :	USUAL RESIDEN ssion) STATE	ICE (Where deceas ARYLAND	13b COUNTY.JA		CONSBORO	AEZ NO		AND NUMBER B. #1		
		ATHER'S NAME	First DANIEL	Middle B	Lost BUSHON	1	MAIDEN NAME FO SAI		Middle	ROBIN	Lost ISON
	160. Y	WAS DECEASED	EVER IN U.S. ARN own) (sf yes give w	Year and and an and an an	66. SOCIAL SECURITY NO. 220-34-018:		CHAEL BU	JSHONJ, BO	Address ONSBORO,		
			DEATH WAS CAUSED		for (a), (b), and (c),	Mulin	from 1	luctur V	nteugen	APPROXIM BETWEEN ON	MATE INTERVAL NSET AND DEATH
		rise to imme stating the u last	ony, which gave) diate couse (o), nderlying cause	(b) DUE TO, OR AS (c)	A CONSEQUENCE OF A CONSEQUENCE OF	of fire	e e			1.4	11.
	NO	14	lumate	i should	NG TO DEATH BUT NOT	ce c	Hufral	weigh	Lacre	·	
	CENTIFICATION	190. DATE OF (H OPERATION WAS PERFO	YES [NO E		WERE FINDINGS C DEATH?		RTIFYING
	MEDICAL CE	OR CONTRIBUT	F WAS UNDERLYIN ING □ CAUSE OF DEAT Ify medical exomit	HOUR A.M. P.M.	Manth Doy Year 19	21c. HOW INJURY (nature af injury in	Part 1 or Part 2,	Item 18.)	
١			wark		T HOME FARM, STREET, FACTOR FFICE BUILDING, FTC		-0	City or To		County	State
		22 a. I cert saw t cause	ify that (I) (th he deceased a s stated abave	ischospital) atten live an	ded the deceased 2 2 192 I not) view the ba	fram	my) <u>(o</u> ʊr) apın	L, to A.L. nian death accu	rred an the do	that and haur o	(I) (WE) los and from the
		22b SIGNATUI		lings Th	road	DEGREE PHYS	DING ME	_	220	DATE SIGNED 2/23/68	
		22d. PHYSICIA NAME (T		B MOODY,	и.D.		DDRESS CLEVELA	AND AVE.,	HAGERST	rown, me).
	230.	BURIAL, CREM REMOVAL (SA BURITATI	1.3	2/24/68		ARTERY OR CREMATORY S CEMETERY		23d LOCATION (C BOONSBOR	O WASH		(State) (D#1_MD
	24	EUNERAL DIREC	TOR (aux	RA HA	ADDRESS GERSTOWN.	MARYLAND	DEC S		25b. REGISTRAR'S		



Item13 FilmGLO7 MARYLAND STATE DEPARTMENT OF HEALTH			
12/23/68 kk UIVISION DE VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	1	8360	
TOR STATE			2b HOUR
(Type or Print)	ш.		ZD HUUK
2 SEY A PACE C DATE OF BIDTH 16 ACE IN MORE TARE IF UNDER 24 HES 12 DATE MALED		9 00	2d hOJR
PESE Male White7-30-22 Was prindey) MONTHS DAYS MOURS MIN Month 12	Day	Year 196 O	2d HOUR 8:30
70 BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH		11.5	
To Someth Carolina USA WIDOWER DIVORCED Washing			М
11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of give street address) Podde 2 Standard during most of working life, ever	work dane 12	B KIND OF BUS DUSTRY	INESS OR
nagerstown Dethet Street			
edmission) MATE 133d 13b. COUNTY by north on Harmonia 13b. In 13b. County by north on the same transfer of the sam		n C+	
P 2 / 14. FATHER'S NAME First Middle Last Is. MOTHER'S MAIDEN NAME First	Middle	Las	t
Loro M. Cagle Mattle Corthran	1		
16d WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no. or pricknown) (the principle of service) 16b SOCIAL SECURITY NO William Cagle Hender		1e, N	. C.
TOR STATE HEALTHOUGH. 10 2/23/68 RK	APPROXIMATE BETWEEN ONSET		
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Exposure			
DUE TO, OR AS A CONSEQUENCE OF			
Goodings, if only, which gave (b) (b) isse to immediate cause (a), (b)			
stoting the underlying cause DUE TO, OK AS A CONSEQUENCE OF			
PART 2. OTHER SIGNETICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 10	(a)		
Chronic alcoholism, contusion forehead and lacerati		scaln	
19b. CONDITION FOR WHICH OPERATION		20. AUTOPS	/?
		YES 🔀	NO 🗌
至 只 舌 _ l ≥ PRIMARY □ OR CONTRIBUTING □ HOUR A.M	1 or Part 2, Item	18.)	
CAUSE OF DEATH P.M. 19 CAUSE OF DEATH P.M. 19 Zid In. U.RY OCCURRED The PLACE OF INJURY (At name form street 2H DCATION Street or RED to City or Town		County	State
WHILE NOT WHILE lactory, affice building, etc.) Rehind Fhonezer Churc	Ma	ching	ton
			Md_ ny oninior
death resulted fram. Natural causes 🔀, Accident 🗍, Suicide 🗍, Hamicide 🗍 Undetermine		_	· / · · · · · · · · · · · · · · · · · ·
CHIEF MEDICAL EXAMINER			
ACTUAL SIGNATURE CONTROL ASSISTANT MEDICAL EXAMINER	22b DATE SIG		
EXAMINER'S DEPUTY MEDICAL EXAMINER X NAME (Vivo) HOWARD NI WOODE MD Washington at part part part part part part part p	12	/10/6	8
230 BIRIAI (REMATION 1236 DATE 128 NAME OF CEMETERY OF CREMATORY 1234 LOCATION ICITY OF	Town) (C	ounty) (S	itate)
PEMOVA (Specify)	, ,	,,	,
24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b	REG STRARS SIG	SALTAN	
VR A15ME [5] 10M REV 1/88 Minnich Funeral Home Hagerstown, Md. DATOEC 16 1968	geliarle	y Judg	4



VR A15 30M REV 1768

REMOYAL (Specify)

24. FUNERAL DIRECTOR

12-24-68

Minnich Funeral Home Hagerstown.

Rose Hill Cemetery ADDRESS

Hagerstown, Md. 2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATUR

(County)

County

22c. DATE SIGNED

18361

IF HIMOER ILYEAR

2b. HOUR

TE JINDER 24 HRS

12b KIND OF BUSINESS OR

Last

BETWEEN ONSET AND DEATH

State

(State)



187	B DIVISION O	F VITAL RECORDS, 301 CER	W. PRESTON S		TIMORE, M	ARYLAND 21201	3362		
1 DECEASED-NAME	Ferst	Middle	Last			OF DEATH			HOUR
(Type ar pont)	Kathryn	Percilla	Conk	ling	D	ec. Manth 29 Da	1965	3:	50 N
3. SEX	4 RACE		S. DATE OF			6. AGE (In years	IF UNIOER I YEAR	F JNOER	24 HRS.
Female	Tri	hite	1	1875		last birthday) 93 YRS.	MONTHS DAYS	HOURS	MIN.
7a BIRTHPLACE (State country) New Yor		147	ARRIED NEVER N	ARRIED	9. COUNTY WASH	OF DEATH LINGTON			Md
ID CITY OR TOWN OF I HAGERS TOW	DEATH 11. IN 91	NAME OF HOSPITAL OR INSTITUTI e street address) ESTERN MD. STA	ON (If not in haspita ATE HOSPI	TAI	nast of warki House		126 KIND OF INDUSTRY	BUSINESS	
13a. USUAL RESIDENCE admission) STATE Maryl:	(Where deceased lived, if instrument) and 13b_COUNTY wash		city or town consboro	AEZ WRIDE CLEA	IO 36	Route 2			
14. FATHER'S NAME	First Middle	Last	1S MOTHER'S	MAIDEN NAME	First	Middle		Last	
Geor	ge	Washburn		K	athryn				
	ER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO	17 INFORMANT			Address			
Yes, na, ar unknawn	(ii has dien men de arries de service)	None	Wester	1_MdS	tate_H	ospital Rec	ords		
	O DUE TO, OI	fine for (a), (b), and (c).) Hypertensive AS A CONSEQUENCE OF Generalized a			c hear	t disease		MATE INTERVI INSET AND O	
stating the unde		AS A CONSEQUENCE OF							
PART 2 OTHER S	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT REI	ATED TO THE TERMI	NAL DISEASE OR	CONDITION GI	VEN IN PART !(a)			
名サナシス									
19a. DATE OF OPER	ATION 196. CONDITION FOR V	HICH OPERATION WAS PERFORM	PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONS						è
S OR CONTRIBUTING		Manth Day Year		•		njury in Part I ar Part 2,	Item 18.)		
21d INJURY OCCU	JRRED 21e. PLACE OF INJUR	(AT HOME, FARM, STREET FACTORY,)	21f LOCATION S	reet or RFD No	a. C	ity ar Tawn	Caunty	S	tate

at work at wark I certify that (I) (NOS (1) attended the decessed from Feb. 11, 1963, to Dec. 29, 1968, that (I) (NOS (1) (1) (NOS) (1) (1) (NOS) (1) (N

DEGREE

Boonsbore Cemetery

ATTENDING PHYS MED DIRECTOR

STAFF PHYS.

Western Maryland

22c DATE SIGNED 12/30/68

PHYSICIAN'S NAME (Type) 22d. U. Porciuncula, M.D.

1-

23b. DATE

1500 Pennsylvania 23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

23d, LOCATION (City or Town)

Hagerstown, Md. (County) (State)

Md.

State Hospital

FUNERAL DIRECTOR

23a

BURIAL, CREMATION, REMOVAL (Specify)

22b. SIGNATURE

ADDRESS

Boonsboro
REC'D BY REGISTRAR 256 A 1969

Wash. Co..

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending prosticon and completely filled in a value fuheral director, page 3 should be detached far use as the burial-transit permit. They please temove carbon papers. Pages 1 and 2 hourd should be filed with the State Dept of Health prior to burial, cremotion, ar remotal, and in any event, within 72 haurs after death. Page 4 may be retained by the hospital or ottending physician.

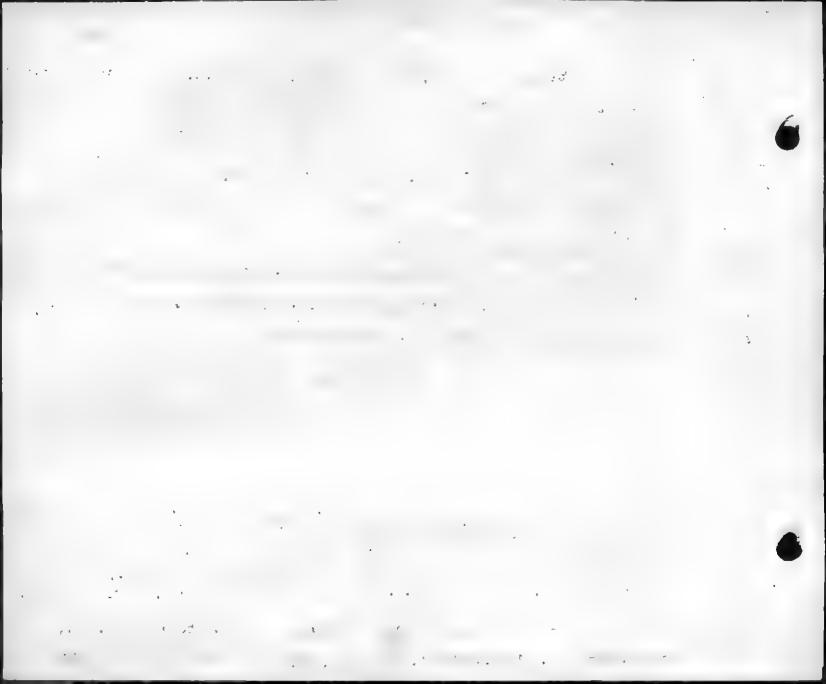
death.

please jemova met

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires thot the deoth certificate be executed within 24 how

John H. Bast,

Jr. 112 N. Main St. Boonsboro



Rest Haven Funeral Chapel



1 . 1 ¿ 1 . 11 10

TO DEPUT

2

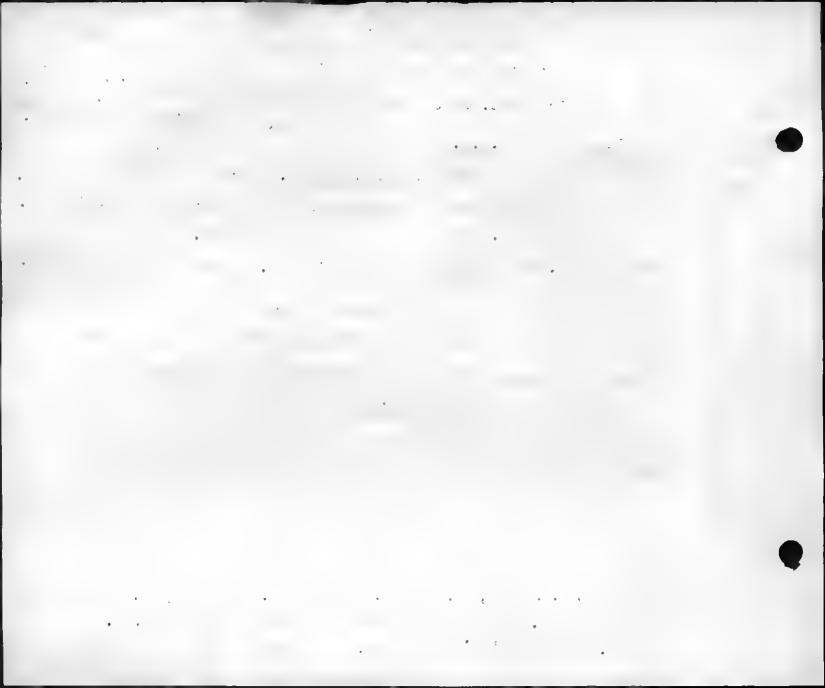
VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

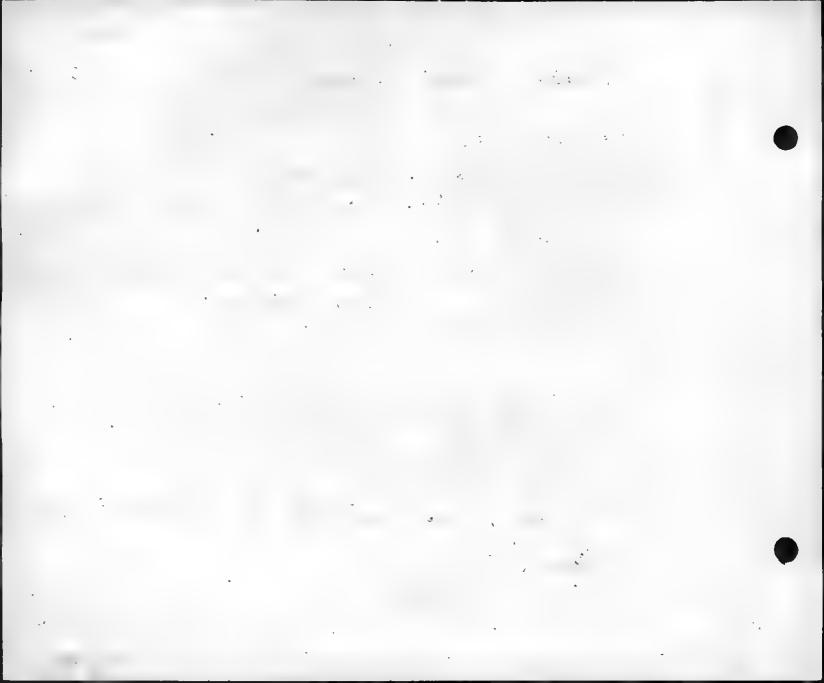
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18365

		1835	MOISIAIG	MEDICAL	L EXAMINER		-		AND 2120		18	365	
		CEASED NAME pe or Print)	First A1	bert 1	Nihiser	D	avis		OE E	OWN M STI- ATEDX De		ay Yeor 68 19	2b HOUR
1	3. SEX	le	4 RACE White	S. DATE OF BIRTH		(In years IF MONT) YRS		UNDER 24 HRS URS MIN.	Manth	NOUNCED DEA	-	9 Year 19 68	12:50
/	1D. CIT	Mary	gton DEATH town E (Where deceased	give size 20 ved, if institut or 13b. (OUNTY Washin	OF HOSPITAL OR INS	WIDOWED TITUTION (If no Frank 13c (ITY OR TO lagers	lin St. lin St. VYN 134 MS101 town YES	20. USUAL OC uring most of Labo	NTY OF DEAT Washi CUPATION (Kin working ite T 13e. STREET A	ngtor nd of work d even if retr ND NUMBER East	one 12 ed.)	b KIND OF BES DUSTRY ater I	Mediness or Dept
Tast Harr's NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost Carrie M. Norris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT TARBORESS Decease Maiddle Lost Carrie M. Norris													
		s ga or unknow			14-09-529		Viola	M.Bur	ger H	avre Bo	De 20		
		PART I D Canditions, if o rise to immediatoring the unitest	EATH WAS CAUSED IMMEDIATE ny, which gave lote cause (a), derlying couse	CAUSE (a) Thr DUE TO, OR AS (b) Cal DUE TO, OR AS (c) Pos	for (a), (b), and (c)) ombosis of a consequence of cific aor a consequence of sible act	tic sto	enosis, s	severe	nortic	valve		APPROXIMATE BETWEEN ONSET Recent veral y	AND DEATH
		332 190. DATE OF 0	X	em	bolizatio	n.			, , , , , , , , , , , , , , , , , , , ,			leo Mizoec	100
	SIFICA				WAS PERFORMED?							20. AUTOPS	NO 🔲
	DICAL	PRIMARY OCCUPATION OF DEATH	R CONTRIBUTING H		JRY Month, Doy, Year		W INJURY OCCURRE		e of injury in			(aonty	Stote
		WHILE NO		ory, office building, e		211 100	ATION SINEOU OF KILL	D NO.	CHYON	OWI		COOM	31016
t to the same of t		220 certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted from: Notural couses Inspection Inquiry and in my opinion											
	-	REMOVAL Speci		.4,1968 town, Md	Rose	Hill	Cemeter		lagers		Md.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
>	And	rew K	.Coffma	n Funer	al Home	Inc.		C. C.				VCCC TIL	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED NAME Lost 2o. DATE OF DEATH 2b. HOUR deoth. **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter death. Manth 22 Doy (Type or print) 3 SEX 4. RACE IE UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 6 AGF (In years lost birthday) MONTHS ! DAYS HOURS 8. MARRIED NEVER MARRIED (ountry) WASHINGTON WIDOWEDL DIVORCED 12a USUAL OCCUPATION (Kind of work dane ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of warking (e, even if retired.) HAGERSTOWN 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before CUPY OR TOWN burial, cremotion, or removol, and in any event, ₹13c 13d. INSIDE CITY LIMITS? 13b. COUNTY EO S remove 14 FATHER'S NAME Middle Aost IS. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknown) I (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retained by the haspital or attending physician. stating the underlying cause SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been State Dept. of Health prior to use os the CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN 20a, AUTOPSY? CAUSES OF DEATH? NO IT this certificate 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED 21b TIME OF INJURY (Enter noture of injury in Part 1 or Partal, item 18) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACFORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at work at work After director, page 3 should should be filed with the O FUNERAL DIRECTOR: 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) Cemetery Brownsville 250, REGIO BY REGISTRAR DATE C 3 0 19 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 30M REV. 1/68



10062

Yes, no, ar unknawn)

(if yes give wor or dates of service)

death

rs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORD ARYLAND 21201

JS,	301	₩.	LKF21	ON 21	KEEI,	RALIIMOKE,	MI
- 1	'ED1	MEI	ICATI	: OE	DEA	TH	

100	2		CERTIFICATE OF D	EATH	1	8367			
. DECEASED-NAME	First	Middle	Last	2a. DATE	2a. DATE OF DEATH				
(Type or print)	Grace	Carrie	Dieh1		1.2 Manth 29 Day	68 Yedr			
B. SEX	4	RACE	S. DATE OF BIRTI	1	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER		
male		white	Nov. 1	.3, 1894	Last birthday) YRS.	MONTHS DAYS	HOURS	Milh	
a. BIRTHPLACE (State or	fareign 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE		DF DEATH				

Penna.	USA	WIDOWED TO DIV	ORCED 🔲	Washington	
10. CITY OR TOWN OF DEATH Williamsport		NSTITUTION (If not in hospito ort Sanitar		IAL OCCUPATION (Kind of work done nost of working after even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13e USUAL RESIDENCE (Where decease admission) STATE NATE	ed lived, if institution: Residence before 13b. COUNTY Total	e 13c. CITY OR TOWN	13d. INSIDE CITY I	LUMITS? 13e. STREET AND NUMBER	

		11.04.1	222 0 2 443	1112 0 0 0 1711	AL AL	T J J J	TOUT OTHIO!	. 0 0 6
14. FA	THER'S NAME First	Middle	Last	15. MOTHER'S M	AIDEN NAME First		Middle	Last
	Harvey	Senger		1	Barbara	Petre		
16a V	VAS DECEASED EVER IN ILS	ARMED FORCESS 16b	SOCIAL SECURITY NO	17 INFORMANT			Address	

 110		110	111 3 0 111	<u>.rarea</u>	_Deckiey_	runk	Scown Ma
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL		for (a), (b), and (c).) Cachexia					APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
Canditians, if any, which gar	DUE TO, OR AS	A CONSEQUENCE OF	ad vanned	senili	ty		
rise to immediate cause (c stating the underlying cause last		A CONSEQUENCE OF Cere rel	arterios	clorosi	8		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)

8) -27 -					
Ą.		196 CONDITION FOR WHICH OPERATION WAS PERFORM	ED	20a. AUTOPSY?		206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
E	none 21a. Accident was unde	0		YES 🔲	NO 🔀	CAUSES OF DEATH?
품	21a. ACCIDENT WAS UNDE	RLYING 216. TIME OF INJURY	21c HOW	INJURY OCCURRED	(Enter nature	of injury in Part 1 or Part 2, Item 18.)
a	CHOR CONTRIBUTING CHICAUSE C				,	

(If either, natify medical examiner) 21d. NJURY OCCURRED
While Nat while (AT HOME FARM, STREET, FACTORY,) 21a, PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County

at wark none

saw the deceased alive an	and th	nat in (mv) f	our k	pinian de	ath a	ccurred	l an th	ne date and haur an	d fram th
22b. SIGNATURE	010001	ATTENDING	क्र	MED.		STAFF		22c. DATE SIGNED	10

22d. PHYSICIAN'S 22e. ADDRESS

	MANIE (1 Abe)	darold ".	iritch, or .D	01/2 11.0 1	rosomic st	" ers co /II,	1
3a.	BURIAL, CREMATION,	23b. DATE	23c NAME OF CEMETERY OR CREA	AATORY 23d	LOCATION (City or Town)	(Caunty)	(State

INTEROMATI (Specify) 12-31-68 Rest Haven Cemetery Hagerstown, Md. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR S SIGNATURE

VR M5 (4) 30M REV. 1/68

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pages to the state Dmpt of Health prior to burial, cremation, ar remay—I, and in any event, within

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

Page 4 may be retained by the haspital or attending physician.

Minnich Funeral Home Hagerstown, Md.

State



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			368
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a. DATE KNOWN Month	Day Yeor 2b. HAWM 22 1968 3:3
deloy and 3	3. S		Year 168 6:25
orm orm	7a. cour	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH) N/
hours ofter death hem 18 Give Pagés 1, Office along with form and 2 with the State De	10.	ITY OR TOWN OF DEATH . II. NAME OF HOSPITAL OR INSTITUTION (If not in rospital 12a, USUAL OCCUPATION (Kind of work done)	12b KIND OF BUSINESS OR
s ofter death 18 Give Pag along with 2 with the Stc death		USUAL RESIDENCE (Where deceased lived, if institution: Res dence before 13c ATT DROPWN 13d NSIDE CITY LIMITS? 13e. STREET AND NUMBER Admission) STATE 13b. COUNTY (LAS) Hadriston YES NO 2	gerstown
	14	FATHER'S NAME First Middle Last Is MOTHER'S MAIDEN NAME First Middle LOST DORIS DOCK	LER lost
Thin your state of the pages 72 hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es. no for December 19 (17 - HEORMAN) (17 - HEORMAN) (17 - HEORMAN)	town Md
多篇数 正是		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMPEDIATE CAUSE (a) SUFFOEDTION DUE TO STEAM KETTLE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SHORT
be executed "pending" in nef Medicol E ansit permit. F event within		Conditions if any which gave) Out TO, OR AS A CONSEQUENCE OF Conditions if any which gave)	INTERVAL SEVERAL DAY
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	DEVENAL DAY
certificate should writing the word prworded to the C used as a burial-tr noval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffico iting ordec 1 os al. a	No.		
This certificate rote, writing the forwarded to be used as a bar removal, and	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO NO
<u></u>	ਤ	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 Port 2, Ite	m 18.)
S ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, WHILE AT WORK AT WOR	County State
NI EXA XIII UI Page for you OR: Pag		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection K, Inquiry	and in my apinion
DICA Ise elector ined RECTO		death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner [\square
TY, plemse y, plemse stroid directions retoins prior to prior to		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE S	
E		EXAMINER'S NAME (Type) DR. E.W.DITTO, JR. DEPUTY MEDICAL EXAM NER X 12." ADDRESS(Street, city, town, or county)	-2268
TO DEPI mecesing the fun 5 may TO FUNE Heolth	230		(Caunty) (Stote)
Off	24	SUNDAND DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRARS S	IIGNAT JRE
VR A15ME (5) 10M REV. 1/68		6. Monney - Treencastle of DAIDEC 26 1968 Ichan	les Judge

CATH COOT TOTAL HTG 171

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18356 18369 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR within 24 haurs after death. (Type or print) December STERLING WALLACE **EDWARDS** 6 AGE (in years last birthday) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS white Oct.3,1900 male pletely filled in by the 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 📉 NEVER MARRIED 🗍 ban papers. within 72 ha Balto Co Md . Washington U.S.A. DIVORCED WIDOWED | 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work dane 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12b KIND OF BUSINESS OR give street oddress) Washington Co. Hospital Retired Teacher FublicSch. ban Hagerstown 13a. USUAL RESIDENCE (Where deceased lifed, if institution: Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 34 INSIDE CITY EJMITS? Route Mversvill any 14 FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last .⊆ requires that the death certificate be Sterling W. Edwards Delia Ennals Edwards please and phyllician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rt.#2 Yes, na, or unknown) (If yes give war or dates of service) 218-34-3658 Mrs. Ellen W. Edwards Myersville 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o' burial, crematian, Conditions, if any, which gave > rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior ta O FUNERAL DIRECTOR: After this certificate has billin 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 17 NO I 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work at work 220. I certify that (I) (this hospital) attended the deceased from 12 1250 saw the deceased alive an 17 Use __19 ___and that in (my) (our) opinion death accurred an the date and hour and fram the be retained causes stated abave, (1) "twe) (did) (did-not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR 22d PHYSICIAN'S Page 4 may 22e. ADDRESS, NAME (Type) director, should b 23b DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION (County) (State) REMOVAL (Special) Baltimore Md. 1968 Mt. Old vet REGISTRAR

Mversville

25b. REGISTRAR'S SIGNATURE

VR A15 ()

24. FUNERAL DIRECTOR



funeral death.

Med in by pagers /

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, weth

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ш						-	CKIILI	AIE UF	DEATH					200	8 (3
Ī		ED-NAME or print)	First			Middle		Lost			DATE OF D		Davi	V	2b. HOUR
		or prisity	GLENN		ERDMA	N	EYL			DEC	EMB	ERonth 2			10A
3	. SEX	3.54.3	* 5 0	4 RACE	T 3"(I) *"			S. DATE OF BI		_	6	AGE (In year	15	HE JNOER 1 YEAR MONTHS I DAYS	IF LMOER 24 HRS. HOURS MIN.
		MA]			HITE				3/190		_	10st buthday)	YRS.		
7	o BIRTI country)	IPLACE (Stote of	er foreign	76. CITIZEN C	F WHAT COUN			NEVER MAR		9 COUR	NTY OF D		750		
		ENNSY			J.S.A.		WIDOWED		RCED []	IN OCCU		HINGT		1400 10000 0	M
			STOWN	ī	give WASS	OSPITAL OR INST HTNGTO						and of work KER ^{reti}		INDUSTRY A LRC	MINGSOR C
1	30. USU dmissio	AL RESIDENCE					13c CITY OR		13d INSIDE CITY			ET AND NUMB			
		MAK	IAND		SHING			RSTOWN		10 🗍	125	N. P		PECT	ST.
ı	4 FATH	er's name	First	Mide		Lost	113	. MOTHER'S MA				Mid			Lost
	6 - 14/A	DECEACED FIE	EDWA		EY	CIAL SECURITY N	0 117 1	NFORMANT	EL	BA	(GRACE		MINER	
ľ	Yes, t	S DECEASED EV O OF Unknown)	(If yes give w	ar or dates of services	(0)				TA The	7 16	7777		SHIK!	STOWN	j
F		10				2-10-0	934	AISS F	LA IN	Y M	Hi Y	LER		MD APPROX	X MATE INTERVAL
	IB.	PART 1. DEAT	AIH (Enter on: H WAS CAUSEI	ly one couse p 3 BY:), (b), and (c).)	1							BETWEEN	ONSET AND DEATH
		4111	IMMEDIA	TE CAUSE (o)			LILLY	a.						100	rus
	Lou	ditions, if ony) which anve t		OR AS A CON	SEQUENCE OF	. 5	100.1	Fai	1.				57	det.
l	rise	to immediat	e couse (o),	(b)	OR AS A COM	4	12 P	reun	jou					-	- 0
l	sto los	ing the unde	rlying couse	000 10,	UK AS A CUN	SEQUENCE OF									
	PA	RT 2 OTHER SI	GNIFICANT COM	IDITIONS CONT	RIBUTING TO	DEATH BUT NO	T RELATED TO	THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN I	N PART 1(o)			
	- 4	- 41													
	NO 190	DATE OF OPER	ATION 19b.	CONDITION FO	R WHICH OPER	ATION WAS PER	FORMED	20o. AUTO		100	20b IF YE CAUSES O	ES, WERE FIND	INGS COI	NSIDERED IN	CERTIFYING
								YES		-1					
		ACCIDENT W.			ME OF INJURY A.M. Month	Doy Yeor	21c. H	OW INJURY OCC	URRED (Ent	er noture	of injury	in Port ! or P	ort 2, Ite	em 18.)	
	ă III	either, notify n	nedicol exomir	ner)	P.M.	19	90v 1 015 10				-				-
	W	I INJURY OCCU ile pag Not wh	ile []	PLACE OF INJI	OFFICE BL	FARM, STREET, FACT JILDING, ETC	OKT) 211. LC	KATION Stree	et or K.F.D. No	0.	City or	lown		County	State
		ork ot wo		in hannitall		the december	1 6 (10 a	10	08	10	7 A	~_10 (62 the	11 (I) (we) las
l	122	saw the	deceased a	live an	226	he decease	6 Can	d that in (m		inian d	eath oc	curred an t	he data	e and hour	r and fram th
l		causes st	ated abave	, (I) (we) (did) (did na	t) view the b	ady after	death.							
	221	. SIGNATURE	OI Ale	0				ATTENDH	4G —	MED.		STAFF	22c. D/	ATE SIGNED	/
				∞ \sim	<i>-</i>	Music	DEGR	EE PHYS.	الماليا	DIRECTOR		PHYS L	12	1231	118
L	220	PHYSICIAN'S NAME (Type)	DR	1.0.	WIL	MOS		22e. ADD	RESS VLTTYL	F.L.	A	E. A	MA	TSTEA	XIM
14		AL, CREMATIO				3c NAME OF C	EMETERY OR	CREMATORY				(City or Town		(County)	(Stote)
L		SUR'TAY		12/24	168	REST		CEM.				RSTOW		WASH.	MD.
1	4 FUN	RAL DIRECTOR	1.		11	ADDRESS	/-	7. 1	2So. REC'D			2Sb. REG S			4.4
	11.	112 1	1.27 110	1 !!	15	1.11.5/3/	Red June	111 11.	DATEDE	1: K U	196	K VV	Llow	Jan Cu	and the second



Hagerstown, Md.

Minnich Funeral Home

30M REV. 1/68

DABEC 2 7



ted within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filligo-in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, withing 2 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certifical. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH a, COUNTY			E (Where deceased lived, If institution: F	tesidence before admission)
	Washington	10 4 Page 4	a. STATE	ria Vcounty Frankli	n
_	b. CITY OR TOWN (if outside corporate limits	MARYLAND c. LENGTH OF STAY IN 1b	Pennsylva	outside corporate limits, write RURAL	and give nearest town)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				min Pers ilouicat rouil)
	Hagerstown	1 day	Greencast	Le, Pa.	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in be	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_	Washington County Hospita	1	14 Center	Square	YES NO 5
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) Harry Edward F	inafrock		DEATH Dec. 7, 1968	19
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	DEATH Dec. 7. 1968 9. AGE (in years IFUNDER	1 YEAR IF UNDER 24 HRS.
	M WIDOWED		ay 3, 1914	last birthday) Months	Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b. K)	ND OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State, or foreign country) 12, C	ITIZEN OF WHAT
dur	ing most of working life, even if retired)	IDUSTRY		_ GG	DUNTRY?
13.	FATHER'S NAME COM	mercial Haulin	le Greencast	Le, ra. Am	erica, North
201	TOTAL OF TELLED		14. MINITER S MAIN	EN IAWRE	
. =	Frank B. Finfrock WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		Bertha	E. Dale	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.: s, no, or unknown) [(If yes give war or dates of service)]	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
		64-16-5146 Me	edical Recor	rd	
	18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Mass:	ive intra-abdor	minal hemorr	hage	12 hours
	EL land &			**GE V	TC HOULS
	Conditions, If any, which \ DUE TO Ruptu	re, abdominal a	ortic arous	etre m	21 have
	gave rise to immediate (. v, avaonemat e	inalite off attent	you	24 hours
	cause (a), stating the DUE TD				
z		eriosclerosis			
310	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU			ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA	Pulmonary tuberculosis,	bilateraly act	tive		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of	injury in Part I or Part II of Item 18.)
MEDICAL		6 n n h n n	E OF INJURY (Home, far	m, 20f. (City or town) (Cou	inty) (State)
0	Hour a.m. (While p.m. 19 lat work	Not While at work	y, street, office bldg., et	6.)	
2			c. 6 1069	toDec. 7 1968	Abot (I) food foot
	21. I certify that (I) (this hospital) attended saw the deceased live on Dec. 7	a the deceased from De	20. 0, 170,019	100 C 1 1907	that (I) (we) fast
	saw the deceased alive on Dec.	19 00 , and that		:40A From the causes and on the	he date stated above. ATE SIGNED
			ATTENDING N		AIE SIGNEV
	22c. PHYSICIALS	M.D.	PHYS. K 0	MED. STAFF	
	NAME (Linge)	7	22d. ADDRESS		
	J. H. KEHNE, M. D.			nwood Hts Hagerator	
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town of tou	
	Burial 12/10/1968	Parklawns Mem	. Gardens	Chambersburg, Fr	anklin Pa.
24.	FUNERAL DIRECTOR	ADDRESS	25a. REC	'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
mark.	Come Pollo Kemmeron	Mumbratts	DADEC	10 1968 Schanle	a Soudal
1-/-	Tronsitual	- Comment	1/12 10/02 0	1000	0 0

VR AI5 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18374 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR and 2 deoth. (Type or print) Manth Mallie Elizabeth a. Sex 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) ZHTINDM PAYS Temale May 30.1882 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Washington Spring Valley Va WIDOWED 🔀 DIVORCED [executed within 24 remove carbon pap within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street pddress)
Washington during most of working life, even if retired.) Own Home Hagerstown 13a, USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY EMILTS? 13e. STREFT AND NUMBER odmission) STATE Washington YES X NO 730 Summit Ave. Hagerstown 14 FATHER'S NAME East IS MOTHER'S MAIDEN NAME First Middle Last Last puo ě .⊆ Fielden Ellen Anderson Vanahn leose puo 16b SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT requires that the deoth certificate Yes, na, or unknawn) 215-26-811491 Guilford Ave Hagerstown Mrs. O cremation, or removal 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave buriol-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the O FUNERAL DIRECTOR: After this certificate hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? for use YES 🔲 NO J 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year 0 (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark at wark 22c. I certify that (1) (this haspital) attended the deceased from / 2 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive anshould courses stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE PHYS DIRECTOR JENNIKOS 23c NAME OF CEMETERY OR CREMATORY 23b SATE 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Rest Hoven Cemetery Hagerstown-Washington-Md VR A15 (4) 30M REV 1/48 Rest Haven Juneral Chapel Hagerstown Od-



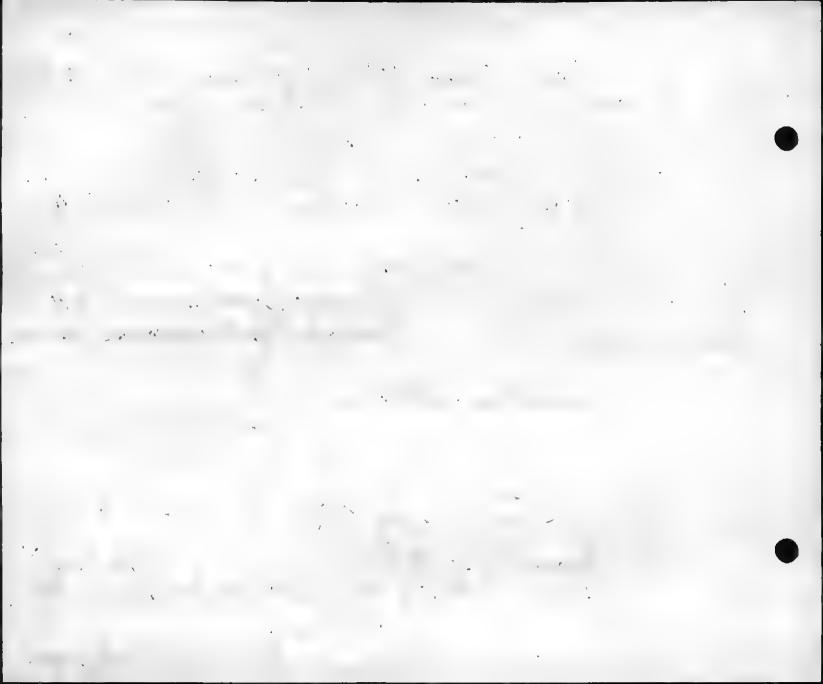
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18375

									200	U			
	ECEASED NAME First Type or print)		Middle		Lost		20. DATE OF	DEATH Month Do-	y Yeor	2b. HOUR			
Ľ	MAR (GARET .	Mary G	D		Dec	cember 2	1968	2,30				
3. S	EX	4. RACE			5. DATE OF BIRT	H		6. AGE (In years lost birthday)	IF LADER I YEAR MONTHS DAYS	IF JNDER 24 HRS.			
	Female	Whit			Oct. 2.	1909		59 YRS	MORIUS ONIS	HOURS MIR			
7o.	BIRTHPLACE (State or foreign ntry)	76. CITIZEN OF WHAT C		MARRIED 5	NEVER MARRI	ED 9	. COUNTY OF	DEATH					
COU	Maryland	u. S. A		WIDOWED [DIVORCE		Wat	shington		Md.			
10.	CITY OR TOWN OF DEATH	11. NAME C	OF HOSPITAL OR INSTI				OCCUPATION	(Kind of work done	12b KIND OF BUSINESS OR				
	H agerstown	give street	alon Ma	nor		anting mos	Here's end	life, even if retired)	INDUSTRY	28			
13e	USUAL RESIDENCE (Where deceo	sed lived, if astitution f	Residence before	3c CITY OR	TOWN 13	d. INSIDE CITY E.M.		REET AND NUMBER					
0017	ussion) STATE Maryland	d 13b. County Was	hington	lagers	town,	LEZ NO	□ 544	Chestnut	St.				
14.	FATHER'S NAME First	TER'S NAME First Middle Lost IS. MO				DEN NAME Fir	st	Middle	Lost				
1	Joseph	Conway			Florence .			McKenzi					
160	. WAS DECEASED EVER IN U.S. ARI		SOCIAL SECURITY NO		NFORMANT			E A A Address	tout C+				
	res (na or unknown)	AS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 216-22-5422 William p Gilford Address 44 Ches.							Thut St. Ave.				
Г	18 CAUSE OF DEATH (Enter or	, , H	lagers	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH									
1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Intra cerebral Hemovokage							West.					
П	4-3 1, 7 DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if ony, which gave	1 week											
	Conditions, if only, which gove nse to immediate couse (o). Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
	lost. (c)												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
Z	5:/X												
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?						20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING						
I	YES NO X							UF DEATH?					
MED CAL	OR CONTRIBUTING CAUSE OF DEA		onth Doy Year										
₩.	21d. INJURY OCCURRED 21e.	. PLACE OF INJURY (AT H	OME, FARM, STREET, FACTO	RY.) 21f. LO	CATION Street	or R.F.D. No.	City	ar Town	County	Stote			
1	of work of work						_						
П	22a. I certify that (I) (this haspital) attended the deceased from 10-2, 1964, to, 19, that (I) (we) last												
Ł	saw the deceased alive on												
П	22b, SIGNATURE 2												
	DEGREE PHYS DIRECTOR DIRECTOR DIVISOR DIVISORI DI VISIORI DIVISORI DI VISIORI DIVISORI DIVISORI DI VISIORI DIVISORI DI VISIORI DI VISIORI DI VISIORI DIVISORI DI VISIORI DI VIS												
1	22d PHYSICIAN S 22e. ADDRESS												
	NAME (Type) Charles C. Spencer, M.D. 145 S. Prospect St.												
230		DATE	23c. NAME OF CE					N (City or Town)	(County)	(Stote)			
		2/4/68	St. Par					berland.	1 17	nu Md.			
24.	FUNERAL DIRECTOR		ADDRESS					68 25b. ROOSTRARS		lat.			
	H. Wayne Geo	irge Cumbe	rland, Ma	vrylan	d	DATE	6 13	DO A	many hours	7			

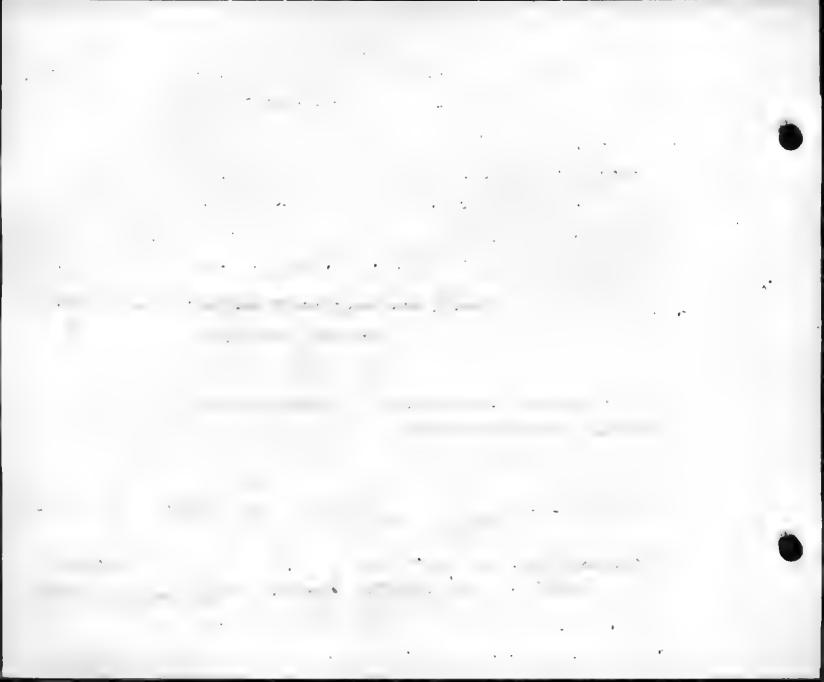
deoth. 24 hours offer TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely Med in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers abound be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in ony event, within 72 hours or Hed in by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withig Poge 4 may be retained by the haspital or ottending physician.

30M REV 1/68

v.1.n · 1.10.

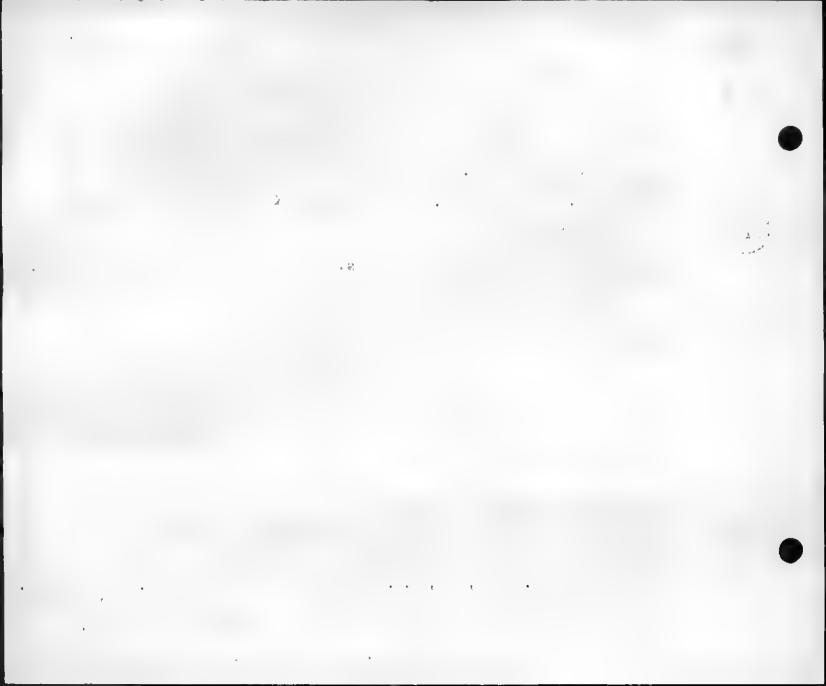


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18377 CERTIFICATE OF DEATH Middle Lost 2n DATE OF DEATH 1. DECEASED-NAME First signed by the attending physician and completely filled in by the Daerol buriol-tronsit permit. Then please remove carbon papers. Pages I and 2 buriol, cremotion, or removol, and in any event, within 72 hours after death. be executed within 24 hours ofter deoth. (Type or print) December 1958 Elmer G1 en Gunderman 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 3 SEX MONTHS 11-30-1890 white male 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED Pennsylvania USA Washington WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Vash. County Hospital during most of working life, even if retired.)
ACCOUNTANT INDUSTRY ruitGrowers Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY EIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO [Mealey Pkwy Wash Hagerstown IS MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last Margaret Voelkel George Gunderman 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 209-03-8024A Mrs. Mary Gunderman Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ATTENDING PHYSICIAN: The law requires, that the death PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive hemorrhage from esophage days Canditions, if any, which gove irrhosis of rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b has been Nebhrosclerosis Hrteriosclerotic Cardiac disease 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? appenGI, hemorrhase ed for use of Health p NO 🔀 YES [Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) Month Day OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. director, page 3 should be detached should be filed with the Stote Dept. of If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 12 , 1968, ta 12/13 , 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b_SIGNATURE DEGREE DIRECTOR 22e. ADDRESS NAME (Type) 1229 Ravenwood Hats. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, ENOVA (Specify) Rest Haven Cemetery 12-16-68 Hagerstown, Md. 24 FUNERAL DIRECTOR **ADDRESS** REGISTRAR VR A75 (4) Minnich Funeral Home Hagerstown, Md. 30M REV.



1		18305	MARYL DIVISION OF VITAL RECOR	AND STATE D						
		Item6 FilmC408			TE OF DEAT		18	3378		
£ 82	_	CEASED-NAME First		GENTIN CO.	Lost		DATE OF DEATH	2b. HOUR		
after deoth.	(1	ype or print) KATHE	RINE SMITH		HAGER	DE	CEMBER 26 Doy	68 Yeor 8:15p M		
a X 2	3. SE		4. RACE	5	DATE OF BIRTH	1 400	A AGE In years	IF UNDER 1 YEAR IF UNDER 24 HRS.		
E A E		FEMALE	WHITE		JULY 21,	1881	last birthday) 87 87/RS	MONTHS DAYS HOURS MIN.		
	70	SIRTHPLACE (State or foreign	7b, CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		NTY OF DEATH			
d in d in 72.1	(00)	MARYLAND	U.S.A.	MIDOMED K			WASHINGTON	Md.		
AN: The low requires that the death certificate be executed within 24 hours all or attending physician. It is a physician or attending physician on the order of the order of the order of the order of the order order order. Then please remove corbon papers: Parents health prior to burial, cremation, or removal, and in ony event, within 72 hours.		HAGERSTOWN		ONV. HOME	dun	ng most of w	PATION (Kind of work done orking life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY OWN HOME		
pletr corl emt,		USUAL RESIDENCE (Where decedission) STATE	osed lived, if institution; Residence be	fore 13c CITY OR TO	OWN 13d. INSIDI	NO	13e. STREET AND NUMBER			
nd compressions ever		MAR Y LAND) 13b COUNTY WASHINGTO	ON HAGERS	POWN 15 K		9 N. POTOMAC	ST. Lost		
ond rem	14. 1	FATHER'S NAME First JOHN	M-ddle Lo OSCAR SI	MITH 15 (MOTHER S MAIDEN NA	SARAH	C	WALTER		
icoe b pleose i, and i	16a.	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECUI		ORMANT	DHIGHT	9 Address N	POTOMAC ST.		
offending physician permit. Then please on, or removal, and	١	es, no, or unknown) (12 yes give	war ar dates af service)	MRS	J WM	GARVER		DWN. MAKYLAND		
2 2 E		18. CAUSE OF DEATH (Enter of	only one cause per line for (o), (b), and	d (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
andri		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary embolus Su								
office of office		450 X	DUE TO, OR AS A CONSEQUENCE	E OF						
at the the nsit p		Conditions, if ony, which gove rise to immediate cause (a)								
s th cian d by 1-tro , cre		stating the underlying couse								
equies that the physician. signed by the burial-transit purial trematic		PART 2 OTHER SIGNIFICANT CO	E OR CONDITIO	ON GIVEN IN PART 1(a)						
w rec	z	4327								
The low requires that the death attending physician. has been signed by the ottendings as the burial-transit permit. The prior to burial, cremation, or reconstruction, or reconstruction, or reconstruction.	CERTIFICATION	19a. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY?		20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING		
IAN: The all or att it i	ERTIFI	Ol - COURTNE WAS INDEREY	THE LAN THE OF BUILDIN	In Hou		10				
		210. ACCIDENT WAS UNDERLY TOR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Day	Year 21c HUW	INJURY OCCURRED	(Enter noture	of injury in Part 1 or Part 2, 1	rem IB.)		
PHYSICIAN: e hospital or his certificate etached for u Dept. of Healt	MEDICAL	(If either, natify medical exam 21d INJURY OCCURRED 21d	niner) P.M. e. PLACE OF INJURY (AT HOME FARM, STRE OFFICE BUILDING, ETC.	19 ET FACTORY, \ 216, LOCA	LTION Street or R.F.	D. No.	City or Town	County State		
		at work - at work		i				*		
ATTENDING etained by th CTOR: After t shauld be de	1	22a. I certify that (I) A	Max	eosed from 3	/22/X_,	19 54,	ta 12/26 , 19	08_, that (I) ()(∑(t) last		
END ned l		saw the deceased	alive an LU/I/ ve, (1) XXVe) (did) (did not) view	19_ 6.8 and t	thot in (my) (ថ្វី(j oth.	opinion d	leath occurred on the do	te ond hour ond from the		
R ATTEI retaine RECTOR: 3 should I with th		22b SIGNATURE	May 1	110		MED	224.	DATE SIGNED		
OR ATTENI be retained DIRECTOR: A je 3 shαuld ed with the			Handulle	DEGREE	11113	MED DIRECTOR	STAFF D 12	2/27/68		
TAL MAL I		22d PHYSICIAN S NAME (Type) H()	WARD N WEEKS, M.I		22e. ADDRESS	וא פושוטו	AVE. HAGERSTO	NATIVE AREA		
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this plirector, page 3 should be detac should be filed with the Stote Dep	02.			E OF CEMETERY OR CE			LOCATION (City or Town)	(County) (State)		
Page Shorts	230	BUR AL, CREMATION, REMOVAL (Specify)		SE HILL CE			. , , ,	,		
		FUNERAL DIRECTOR		RESS	25a R	AN 2 REGIS	TRAR 2Sb. REGISTRAR S	TNGTON, MD		
VR A15 (RT 30M REV 1/68	10	Thanksom Fac	-CSA- HAGERSTO	OWN. MARY	AND DATE	AN Z	1969 /Clian	les Indee		





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 1		188394		CERTIFICATE OF DEATH								18380			
		ECEASED-NAME Type or print) (first Lenn		Middle A:		Lost Hartman	1	2a DATE OF	DEATH Manth Dec	Day	1968	2b.	HOUR A.	
Í	3. SE	male		4. RACE W	nite	-	s. DATE OF BI			6. AGE (In yellost birthdo	ors	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER HOURS	24 HRS Min.	
7	cour	BIRTHPLACE (State or forenity) Waynesbor	o Pa.	11 NAA	A AE OF HOSPITAL OR INS	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH					shington M. work done 12b KIND OF BUSINESS OR				
1	admi	Hagerstown USUAL RESIDENCE (Wher ission) STATE Penn	e deceosed	lived, if institution 13b. COUNTY F	ranklin	isc. CITY (or town e rville	YES X NO		TREET AND NUN		Glide.		Co	
j.	14 1	FATHER S NAME First Har		Middle D a	lost Fishe		1s. MOTHER S MA	_		W	ıddle	77	Lost		
		WAS DECEASED EVER IN	U.S. ARMED	FORCES?	16b. SOCIAL SECURITY N	10. 17	INFORMANT		ora	Ad	dress	n	ersi	lev	
		No			<u> 195–16–28'</u>		Mrs.	B. Ire	ne Har	tman, 1	Rouze	rville		WA.	
Χ		18. CAUSE OF DEATH WAR PART I. DEATH WAR Canditions, if any, white the training the underlying last.	S CAUSED B IMMEDIATE th gave) se (a),{	Y: CAUSE (a)O DUE TO, OR AS (b)	A CONSEQUENCE OF		yt	ing	(Brown	alezeni	e)	BETWEEN ON			
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part								IDINGS CO	S CONSIDERED IN CERTIFYING				
	MEDICAL (OR CONTRIBUTING CAN (If either, natify medica 21d IN.URY OCCURRED While Not while at work at work 220. certify that	ISE OF DEATH IL examiner) 21e. PU	ACE OF INJURY (Month Day Year 15 at home, Farm, Street, Fac Office Building, ETC.	TORY) 21f.	LOCATION Stree	t ar R.F.D. No	City	ar Tawn		Caunty that	(1) (14	itate	
1		22b. SIGNATURE 22d. PHYSICIAN'S	alton	(We) (did) (o (Well) M. West	did not) view the large, M.D.	DE	r death. GREE ATTENDIN PHYS 22e. ADD 998	IG DI	ED. RECTOR ac Ave	STAFF PHYS. . Hage:	22c. D 1 1	ate signed 2/17/68	3		
		BURIAL, (REMATION, REMOVAL (SOBOLY)	23b DAT	18/68	23c. NAME OF Had	cemetery c		2Sa. REC'D B		ON (City or Tav		(County) ranklir	(State	a.	
88	2	Favid 2	Gr	OVE,	Wayne	sho	rola.	DAEC 2			isikaks		-		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleters, director, page 3 should be detached for use as the burial-transit permit. Then please remover chan should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event. The VR A15 (4) 30M REV 1/68

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

Page 4 may be retained by the haspital ar attending physician.

er death. and

hin 72 haurs

filled in 1 papers.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by icion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers, rages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or emoval, and in any event, within 72 four step death.

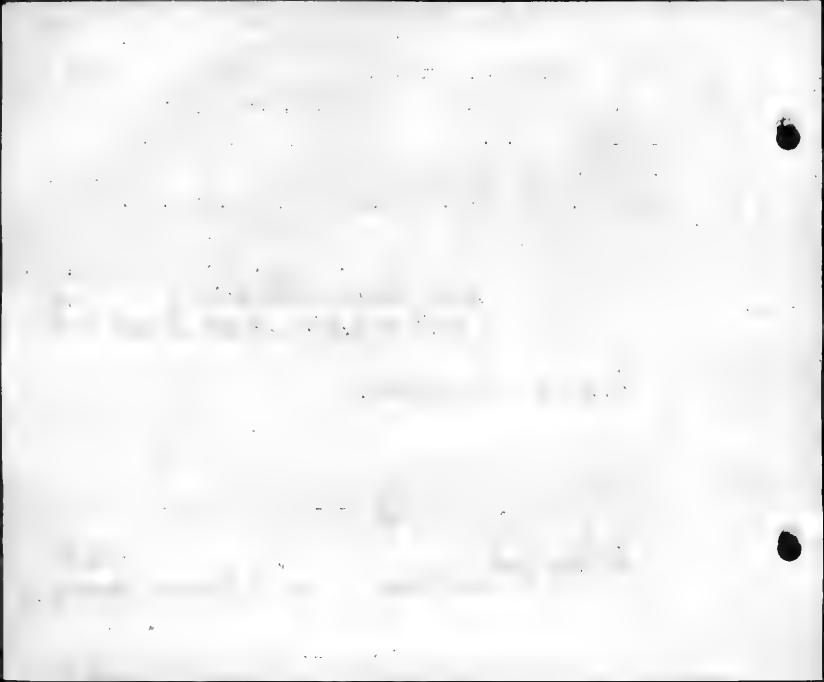
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or ottending physician.

183	38	IVISION OF	VIIAL RECUKDS,		ICATE OF		MORE, MAR	TLAND ZIZO	1	83	31
1. DECEASED-NAME	First		Middle		Last		2a. DATE OF		Day	Veet	2b. HOUR
(Type or print)	JOHN		IEROY		HARTZE	LL	DECEMB	ER Month 8	Day 68	Year	1:15pm
3. SEX		4 RACE		-	S DATE OF	BIRTH		6. AGE (In years last birthday)	F UI	IDER I YEAR	IF UNDER 24 HRS. HOURS MAN
MALE		WHI	re		JANU	ARY 15,	1891		YRS.	113 (111.13	11009(3
7a. BIRTHPLACE (State or country)	foreign 7b	CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D 🔀 NEVER MA	RRIED	OUNTY OF	DEATH			
ILLINOIS		U.S.A.		WIDOW	DIVID DIV	ORCED 🔲		INGTON			Md
10 CITY OR TOWN OF DEA			ME OF HOSPITAL OR IN					(Kind of work d			BUSINESS OR
HAGERSTOV			treet oddress) CKSON CON					T. OF S	I OK HS	W.1	M.H.R.
130 USUAL RESIDENCE (W	here deceased	lived, if instituti	on Residence before			13d. INSIDE CITY LIN		REET AND NUMBE			
odmission) STATE MARI	TAND	WAS	SHINGTON	HAGE	RSTOWN			1 FORRE		IVE	
14. FATHER'S NAME	First	Middle	Lost	3-0- 2	IS. MOTHER'S I	MAIDEN NAME FI		Midd		C7 1 77 0	lost
JOH		MILTON	HART		111000011111	MAR	GARET	O'BRI			rzell
Yes, no. or Jaknown)	IN U.S. ARMED	FOR CES? relates of service)	16b. SOCIAL SECURITY		7. INFORMANT	n miran ara aras	17011	811 Addre	moruni ssiEOHui		DRIVE YLAND
			705-10-56		MRS. MAI	RIE HART	<u> </u>	CHILLAN	LOWN,		MATE INTERVAL
	MAC CALLEED D	ν.	e for (a), (b), and (c)	*					-	BETWEEN C	DNSET AND DEATH
1/1/	IMMEDIATE	CAUSE (a) P	<u>neumoniti</u>	S						2 da	y's
4120	7	*	S A CONSEQUENCE OF							_	
Canditions, if any, prise to immediate	couse (a),		erebral a	rteri	o scler	osis				3 ye	ars
stating the underli	ing couse	*	S A CONSEQUENCE OF								
	JUSICANT CONDIS		rterio so						!		
LA 1 1	HIFTCAN'S CONDIS	IONS CONTRIBU	TING TO DEATH BUT I	IOI KEDATEL	10 INE TERMIN	ME DISEASE ONCE	MUTHOR SIVE	THE PART I(U)			
190. DATE OF OPERAT	ION - 195. COI	ADITION FOR WHI	ICH OPERATION WAS P	REORMED	20g. AU1	OPSY?	20b IF	YES, WERE FINDI	NGS CONSID	ERED IN C	ERTIFYING
2	172.20	101110111	1211 371 2110111111111111111111111111111111111	or or other	YES			OF DEATH?			
21a. ACCIDENT WAS	UNDERLYING	216 TIME OF	INJURY	210		CCURRED (Enter	nature of invur	v in Port 1 or Po	nt 2. Item	18)	-
₫ por contributing p	CAUSE OF DEATH	HOUR A.M.	Month Day Year					7	.,	,	
(If either, natify me			AT HOME, FARM STREET FA OFFICE BUILDING, ETC.	9 CTORY,\ 21f	LOCATION Str	eet or R.F.D. No.	City	or Town	Co	unty	Stote
While Not while at work	² 1		OFFICE BUILDING, ETC.	/			,				
		hasautal) ofte	ended the deceas	ed from-	2-1-57	. 19	, to7.2	2-8-68	. 19.	, thot	(I) (4ve) los
sow the d	eceosed aliv	e on 12-	ended the deceos	19	and that in (i	my) (đặt) opir	nion death o	ccurred on th	ne dote o	nd hour	and from the
	ted abave, (l) ((did not) view the	body aft	er deoth.						
22b SIGNATURE	5/	1	1_		ATTENE	DING MI	ED.	STAFF	22c DATE		
20 1 DUNGS STANS	av .	1100		D	EGREE PHYS	- 4 5	RECTOR \square	PHYS L	12/	9/68	
22d. PHYSICIAN'S NAME (Type)	E. W.	DITTO A	JR., M.D.			5 W WASI	HINGTON	ST. HA	GERST	OWN.	MD.
23a. BUR AL, CREMATION,	23b DA1			CEMETERY	OR CREMATORY			N (City or Town)		gunty)	(State)
REMOVAL (Specify)		/11/68				סע		, , , , , ,	1-		. ,
24 FEMERAL-DIRECTOR	1) 12	111/00	ADDRES!		CEMETE	2Sa. REC'D BY		TOWN W			, MD
/ (3 1 1) _	Louzer	/ 11	AGERSTOWN		VT AND	DATEDEC			liarle		del



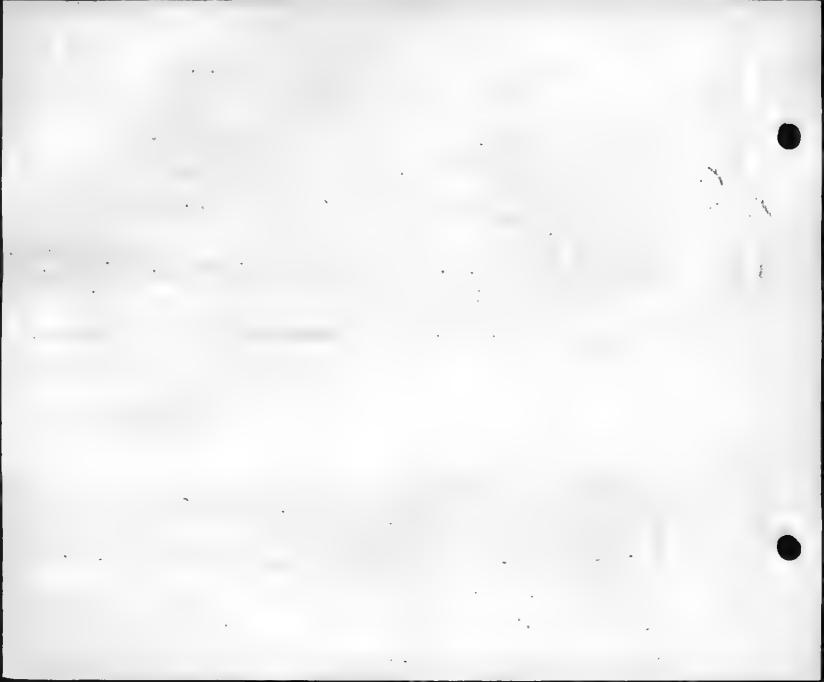
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Dec. 22, 1968 I. DECEASED-NAME Middle 2b. HOUR First requires that the death certificate be executed within 24 hours after death P (Type or print) EARL HOLLINGER SAMUEL 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years MALE WHITE JULY 30. 1896 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH signed by the ottending physicion and completely fixed in buriol-transit permit. Then please remove corbox, papers. COMPENNSYLVAN IA WASHINGTON COUNTY U.S. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Building Contractor INDUSTRY HAGERSTOWN COUNTY retired and in ony event, 13e STREET AND NUMBER 13a USUA: RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b COUNTY MD. WASH. HAGERSTOWN NO [2377 PA. AVE. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Alice V. Sanders Samuel. Hollinger 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 2377 Pa. Yes, no, or unknown) [If yes give war or dates of service) 843 01 A. Arabel Hollinger burial, cremotian, or removal, Hagerstown. APPROX MAJE INTERVAL BETWEEN ONET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony/which gave) rise to mmediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO XX 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 12-22-68 19 1901, and that in (my) (aur) apinion death accurred on the date and haur and from the director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did-not) view the bady after death. 22b SIGNATUR ATTENDING PHYS. DEGREE DIRECTOR PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify)
Buria Chester Cemetery Chestertown, 26/68 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) -Chestertown, Md.



<i>‡</i> 1	Hż	ms 18&22a Film 40	MAKTEAND SI	W. PRESTON STREET, BA	F HEALTH LTIMORE, MARYLI	AND 21201	
FOR STATE		E Tast T No at	,	NER'S CERTIFICAT			18383
HEALTH-BEPT.	1. D	CEASED-NAME First	Middle	Last		2a DATE KNOWN Month	Doy Year 2b HOUR
≈ 5 .6 . 2	1	rpe or Print) Frederick		: Hollingswo		OF ESTI- DEATH MATED \[\bigcap \bigca	11 1968 425
delay is and 3 to M3 Page	3 51		OF BIRTH	S. AGE (In years IF UNDER I YEAR loss burnday) MONTHS DAYS		2c. DATE PRONOUNCED DEAD	2d. HOUR
2, and PM3, pM3, pM3, pM3, pM3, pM3, pM3, pM3, p	ı		20/40	22 YRS		12 /	1 Year 1968 42A
Dep Dep	7a. I	RTHPLACE (State or foreign 7b (ITIZEN	OF WHAT COUNTRY?	8 MARRIED NEVER A		ITY OF DEATH	
ges for	10.0	y) Penna. U.	S.A	WIDOWED D OR INSTITUTION (If not in haspit	VORCED W	ashington Co JPATION (Kind of work done	unty M 12b KIND OF BUSINESS OR
s after death any of the State Departs death.		gerstown	give street oddress)	ashington Co	during most of	wasking life, even if retired.)	INDUSTRY
er ong ng nh th		ISLIAL RES DENCE (Where decensed were	Linet testion Pacidance h			Labor 13e. STREET AND NUMBER	
s after 18. Given alang	ge	ennsylvania 186. (0	Franklin	Waynesboro		514 W. Seventh	St.
Office I and A		THER'S NAME First	Middle	Last 15. MOTHER 5 M		Middle	Last
		Charles	Hollin	gsworth	Netti	е	Reed
		/AS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknown) (II yes give war ordates a	16b. SOCIAL SECUR	17 INFORMANT		ADDRESS Wayt	esboro, Pa.
executed within anding" in pencil Medical Examination 1 permit. Fle pagent within 72 haven	('	no	164-34-	1733 Mr. Robe		514 W. 7th S	
be executed wit "pending" in pe lief Medical Exan Insit permit. File event within 72		18. CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	se per line for (a), (b), an	(d.) Pneumonia.	bilat.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ling' edic erm wit		IMMEDIATE CAUSE	(a) Pending	/ Autopsy/rep	6/1/ 1 /		Sev. days
f M f M sit p		consistent of the state of the same of	TO, OR AS A CONSEQUENT	HOF Surgery for r		t of home flo	Dec 20 3068
d be d 'pe Chief fransil		rise to immediate cause (a)	TO, OR AS A CONSEQUEN		epracemen	or bone ria	p Dec. 10,1300
INER: This certificate shauld be executed within e certificate, writing the ward "pending" in penal shauld be farwarded to the Chief Medical Examin files. 3 shauld be used as a burial-transit permit. File paration, ar remayal, and in any event within 72 ha		stating the <u>underlying cause</u> DUL lost.		cal trauma f	ollowing	an auto accid	ent 9/15/68
the shifte of to do to but a b		PART 2. OTHER SIGNIFICANT CONDITIONS CON					7, -2, -3
KAMINER: This certificate s te the certificate, writing the year shauld be farwarded to your files. age 3 shauld be used as a bi crematian, ar removal, and		X354			e brooks on consission	017 517 117 12667 ((4)	
writh writh wall wall wall wall	CERTIFICATION	19a. DATE OF OPERATION		OR WHICH OPERATION			20. AUTOPSY?
his certition ate, writh a farware farware be used remaya	THE		WAS PERFOR				YES X NO 🗆
d b	(E)	21g EXTERNA. CAUSE WAS 21b PRIMARY OR CONTRIBUTING	TIME OF NJURY Marth, Day			of injury in Part 1 or Part 2, i	tem 1B.)
INER: T e certific shauld b files. 3 shauid	MEDICAL	CAUSE OF DEATH	₽# 7 <i>[12</i>	1968 AU	TO ACCIDI		
EXAMINER: ute the certified age 4 shauld your files. Page 3 shauld.	2	fortany office	N.JRY (At home, farm, str building, etc.)			City or Town	Caunty State
L EXAM ecute th Page 4 ar yaur R:Page al, crem			UST VENT	- >6		HAGErSTOWN	
CAL exerciser. Ped fall CTOR		22a. I certify that I taak char				pection 🔲 , Inquiry 🗐	
olease explication director.		death resulted from: Natur	or couses				
please of direct retains retains for to		ACTUAL STOLER	Dardo	£ 7	HIEF MEDICAL EXAMINER SSISTANT MED CAL EXAM		SIGNED ,
essary, p funeral ray be re UNERAL alth prior		SIGNATURE EXAMINER'S			EPLTY MEDICAL EXAMIN		11/68
TO DEPUT necessory, the funer 5 may be TO FUNERA Health pr		NAME (Type)		A	DDRESS(Street, city, tow	rn, or county)	
TO DEPU, F. BICAL EXAMIN necessary, please execute the the funeral director. Page 4 sls 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 Health prior to burial, crema	230.	BURIAL CREMATION, 23b DATE		E OF CEMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) Burial 12/13/		Burns Hill	Wa	ynesboro, Fran	klin, Penna.
VR A15MF [5]	24	LINERAL PRECTOR		DDRESS	25a REC D BY REGI		S GNATURE
10M REV. 1/68		HAMA A CIL	Waynes	bore, Penna.	DATE DEC 1	0 1300	when Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED NAME Middle Last First 2b HOUR death. be executed within 24 hours after death. HOOGERWERF and campletely filled in by the funeral remove carban papers Pages Land in any event, within 72 hayrs after death JOHANNES (Type or print) MC 3 SEX 4. RACE DATE OF BIRTH 6. AGE (In years BE UNDER 1 YEAR IF LHDER 24 HRS DEC.23, 1891 last birthdoy) WHITE HOURS MALE 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED THE NEVER MARRIED HOLLAND U.S.A. WASHINGTON WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) INDUSTRY HANCOCK HOME 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY, YES 🔽 PENNA . AVE . HANCOCK 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First M.ddle NOT KNOWN KNOWN NOT pledse and rentificate HANCOCK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) ar removal, 64 N. PENNA XVE. 066.07 SERENA APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH OR ATTENDING PHYSICIAN: The law requires that the death signed by the attending burial-transit permit. PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) crematian. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ! rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse; burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal has been CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES -NO -USE Health Page 4 may be retained by the haspital ar this certificate 23a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TO OR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M Month Day Year 40 (If either, natify medical examiner) P.M detached / AT HOME, FARM, STREET, FACTORY, 1 21F. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY Street or R.F.D. No. City or Town County State While Not while of work 10 FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from 6/19/5/19, 19, 10/4/1/60, 19, that (1) (we) last saw the deceased alive on 19/5/20, and that in (my) (dur) apinion death occurred on the date and hour and from the should causes stated above. (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE 22¢ DATE SIGNED. MED. DIRECTOR STAFF PHYS. director, page 3 shauld be filed v 22e. ADDRESS 22d. PHYSICIAN'S 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 20002 Lee's Cremaory Washington, 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC D BY REGISTRAR VR A15 (4) 30M REV 1/68



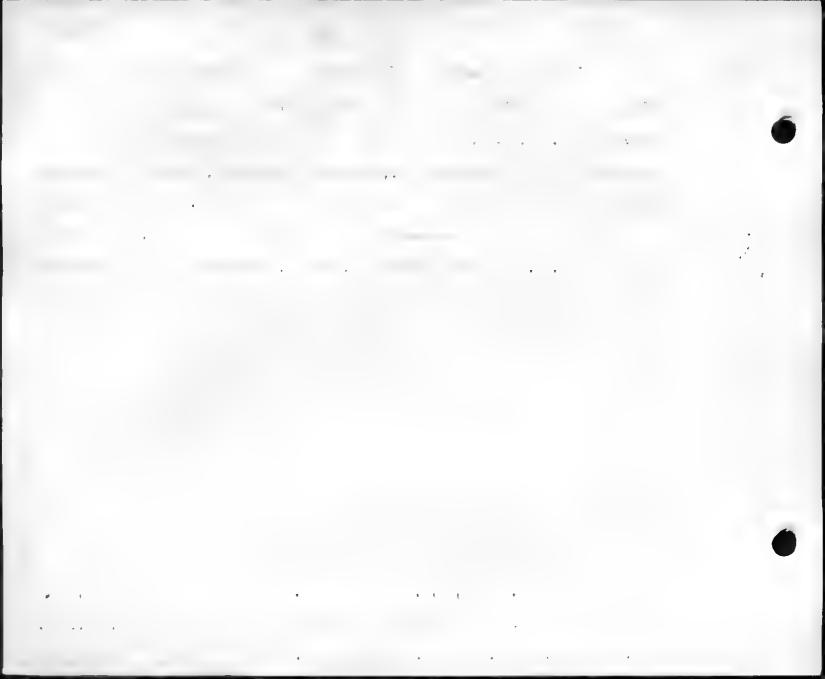
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

. DECEASED-NAME	First		Middle		Lost	2	g. DATE OF DEATH		2b. HOUR
(Type or print)	Wilbur	r i	Earl	Hunt:	zberry	D	cember Mart, 196	Year 1	:00A M
3. SEX		4 RACE			S. DATE OF E	IRTH	6 AGE (In years		JHDER 24 HRS
Male		White			pril	9, 1921	last birthday) YRS	MONTHS DAYS HO	OURS MIN
o. BIRTHPLACE (State country)	ar fareign	7b. CITIZEN OF W	HAT COUNTRY?	8 MARRIEI	NEVER MA	RRIED 9 C	OUNTY OF DEATH		
Pondsvill	e, Md.	U. S.	A	WIDOWE	DIV(RCED [Washington		Md
G CITY OR TOWN OF			IAME OF HOSPITAL OR IN street oddress) Bhington C				CCUPATION (Kind of work done of working life, even if retired.) TOTAL	12b KIND OF BUS INDUSTRY	
30 USUAL RESIDENCE	(Where deceas	ed I ved, if institu	tion: Residence before	13c CITY C		13d. INSIGE CITY LIMITS?			
daryland		13b COUNTY	ngton	Hage	rstown	YES NO	Rfd. 1		
4 FATHER'S NAME	First	Middle	Last		IS MOTHER'S A	AIDEN NAME First	M ddle		Last
Fr	ank	B.	Huntzbe	rry		Bertha	n H.	Showe	D
lóa. WAS DECEASED E		NED FORCES?	16b. SOCIAL SECURITY	NO. 17	INFORMANT		Address		
LCS	W.	W. Two	215-18-22	94 M	rs. Mar	y M. Hun	tzberry, Rfd. 1		
18. CAUSE OF D	EATH (Enter on	ly ane cause per fi	ine far (a), (b), and (c)	11 11	' /		Am 1	APPROXIMATE BETWEEN ONSET	
PART 1. DEA	TH WAS CAUSED) by RTE Cause (0)	Cerchat	lpu	xxfori	/ 03	wire flowered	12 364	Rea
4-20	0	DUE TO, OR	AS A CONSEQUENCE OF	1	A	1		1	7
Conditions, if an		(b)	Caretra	f an	Mico	Eller	LL	whohe	could
rise to immedia stating the und		DUE TO, OR	AS A CONSEQUENCE OF				-		
lost)	(c)							
PART 2 OTHER :	SIGNIFICANT CON	IDITIONS CONTRIB.	TING TO DEATH BUT N	IOT RELATED	TO THE TERMIN	- C # 1	ITIQN GIVEN IN PART 1(0)		
5 1/4	Esters	Upreside	2 Cardle	1774	ecula	- Red	sea co		
190. DATE OF OFE	RATION 196	CONDITION FOR WA	HICH OPERATION WAS PE	ERFORMED	200 AUT	and the same of th	20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTI	IFYING
					YES	NO 🗆	CAUSES OF DEATHS	62-	
		Fint time d			HOW INJURY O	CURRED (Enter nat	ture of injury in Part 1 or Port 2,	Item 18.)	
OR CONTRIBUTING	medical examin	ner) PM.		9					
21d INJURY OCC	URRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET FA	(TORY.) 21f	LOCATION Stre	et or RFD No.	City or Town	County	State
at wark - at w	ark		-3		.0		di		
22a certify	r that (I) (th	ıs haspital) att lıve an	ended the deceas	ed fram_	Dec.	4, 19 6	, ta 19) (), that (I)) (we) la:
			(did nat) view the	hadvafte	na inai in (r r death	ny) (our) o pinia	n death accurred an the d	ate and haur and	d fram th
22b. SIGNATURE		,,(1) (110) (010)	(did nary view inc	100			22c	DATE SIGNED	
	de	n/3 41	andy 1	DE	GREE PHYS	ING MED DIREC	TOR PHYS.	2.19/65	na managent ^a garie
22d PHYSICIAN'S		- Aller	12	<u> </u>	22e. AD			7 4 5	
NAME (Type	Eds	on B. Mo	ody, M.D.		363	S. Cleve	land Ave. Hager	estown. Me	d.
3a BLRIAL, CREMATI	ON, 23b.	DATE	23c. NAME OF	CEMETERY O	R CREMATORY		Bd LOCATION (City or Town)		(Stote)
BENOVAL (Specific	12-	- 10- 68	Rest	Haven	Cemete	ry I	lagerstown, Was	sh. Ce., N	Id.
4 FUNERAL DIRECTO			ADDRESS				GISTRAR 1968 PEGISTRAR		
ohn H. Ba	st, Jr.	. 112 N.	Main St.	Beonsi	soro, M	A DATE UEG J	1 4 1300 Acres	wed fred	pe

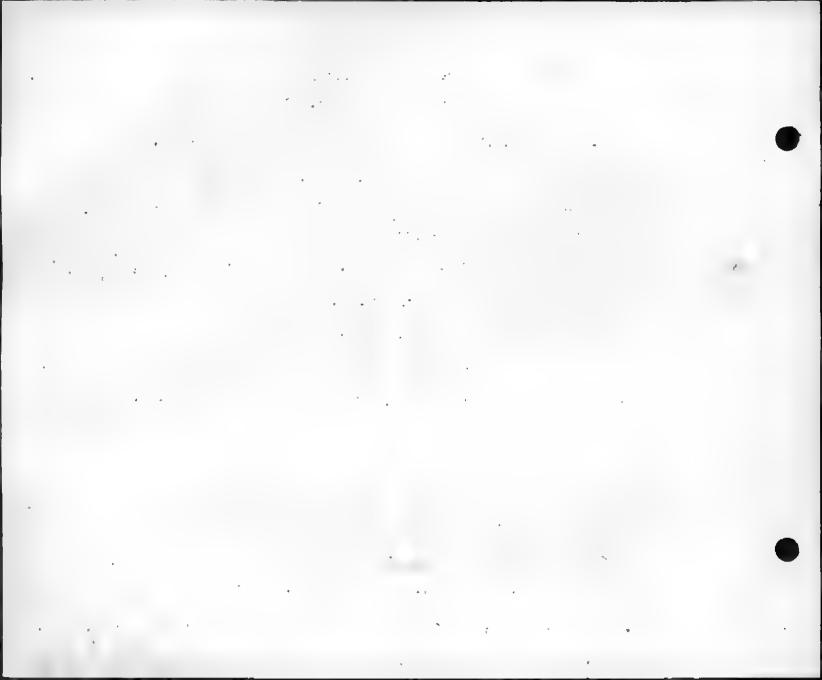
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1088

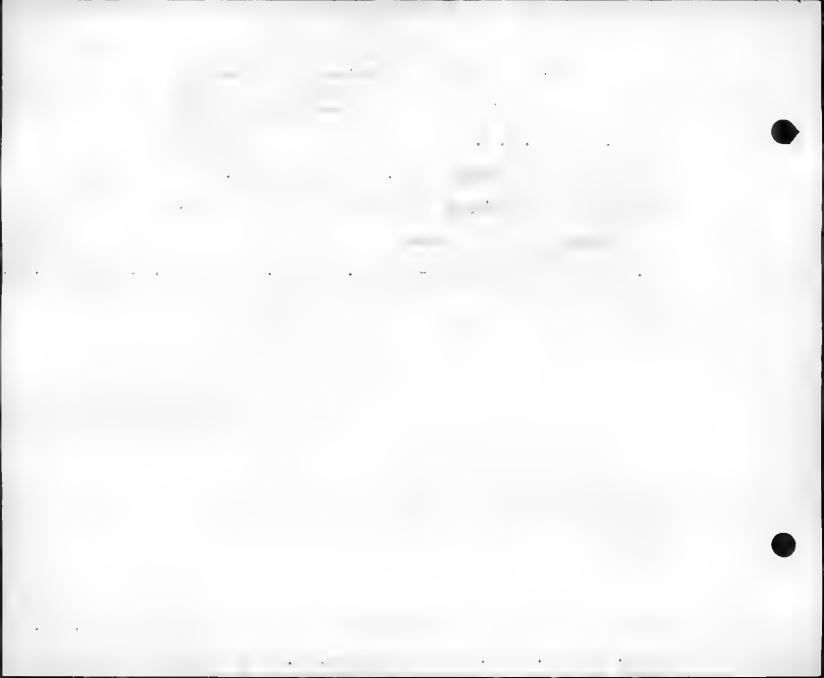
gecuted within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18386 CERTIFICATE OF DEATH Item5 Film GLO8 1/9/69 TS DECEASED NAME Middle Lost 20 DATE OF DEATH 2b Hater leath. requires that the death certificate be executed within 24 haurs after death (Type or print) Edward Month Dec. Iae Hutzell 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years IF JNDER 1 YEAR IF UNDER 24 HRS. Male White June 27 1876 1896 lost burthdoy) HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) sciam and completely filled in please remaye carban appets. Washington Md. U.S.A WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)109 during most of working life, even if retired.)
Woodworker Pangborn Corp Stouffer Ave. Magerstown event. 13a, USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY JIMITS? 13e STREET AND NUMBER 13b COUNTY NO 🖾 YES Hagerstown 109 Stouffer Ave 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First John Mutzell Susan Malinda Cunningham please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 109 Add buffer Ave. Yes, no, or unknown) 215-09-7389 Mrs. Maryada Hutzell 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 4 hours Coronary insufficiency IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 2 yrs 9 mths signed by the burial-transit p Conditions, if ony, which gove) Atherosclerotic Heart Disease rise to Immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! 3 years Hypertensive Cardiovascular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Tracheobronchitis; pulmonary emphysema; diverticulosis-sigmoid. O FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20p. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔲 YES 🗌 O HOSPITAL OR ATTENDING PHYSICIAN: "Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R F.D. No. City or Town County State While Not while of work 22o. I **certify** that (I) (this hospital) attended the deceased from Oct 2 sow the deceased alive on Dec. 28 1968, and that in (r 19 68 to Dec 30 __1968_, and that in (my) forth apinian death accurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body ofter death. 22b. SIGNATUR 22c. DATE SIGNED MED DIRECTOR ATTENDING Dec 30 1968 director, page 3 shauld be filed v 22d. PHYSCLAN'S NAME (Type) William T. Layman, M.D. ^{22e} ADDRESS 301 E. Antietam Street, Hagerstown, Md. 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) Boonsboro Cemetery Wash. Boonsboro Md. 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR learly 1969 Albert L. Leaf Williamsport. Md.





	1827	5			ERTIF	CATE OF	DEATH				183	888
	ECEASED-NAME Type or print)	First		Middle		Lost	3.3		ATE OF DEATH	O Do	na o/ Ment	2b. HOUR
		Jesse		Joseph		Kenda	LLL.	1	Dec. Manth	3 10	171968eor	12:10
3 S	EX		4. RACE			S. DATE OF E	BIRTH		6. AGE (In	ZIDBY I	1F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	Male			hite		Nov.	2, 188		8.5			
	BIRTHPLACE (State or ntry)	foreign 7	ь CITIZEN OF W	HAT COUNTRY?	8. MARRIEI	NEVER MA	RRIED	9. COUN	TY OF DEATH			
-	Md.		USA		WIDOWE		ORCED []		shington			Md
10.	CITY OR TOWN OF DE	ATH	II N	AMF OF HOSPITAL OR INS street address)	TITUTION (I	not in hospital			ATION (Kind of virking life, even i			BUSINESS OR
E	lagerstow	, (Tylo	shington C	ounty	Hospit	al	B1 :	acksmith		Railr	oad
13 a	USUAL RESIDENCE (V Hission) STATE		l lived, if institu 13b. COUNTY	tion: Residence before	13c CITY (IR TOWN	13d. ANSIDE CITY LE	_	3e. STREET AND N			
_		Md.		Wash.	Smit	hsburg	J) X	RD # 2			
14.	FATHER'S NAME	First	, Middle	Last		IS. MOTHER'S A	NAIDEN NAME F	irst		Middle		Lost
-		lliam	I.	Kendall			Mai	rgar	et	S.	Br	unner
	- WAS DECEASED EVER Yes, no, or unknown)		D FORCES? or dates of survice)	166 SOCIAL SECURITY N		INFORMANT				Address		
	no			705-10-45		rs. Eva	M. Sm	ith,	Chews	ville	e, Md	MATE INTERVA.
	18. CAUSE OF DEA	TH (Enter only WAS CAUSED I	one cause per li	ne for (a), (b), and (c).)						BETWEEN O	INSET AND DEATH
	PART I. DEATH	IMMEDIATE	CAUSE (a)	Cardiac ar	rest o	lue to	ventric	ular	arrhyt	hmia	inst	ant
		···		AS A CONSEQUENCE OF								
	Canditions, if ony,		(b) 1	Myocardial	infa	ctions					2 y	ears
	stating the underl											
	last.	}		Arterioscl							10 y	ears.
		NIFICANT COND	ITIONS CONTRIBE	JTING TO DEATH BUT NO	T RELATED	TO THE TERMIN	AL DISEASE OR (ONDITION	GIVEN IN PART	i(o)		
No	4201											
CERTIFICATION	19a. DATE OF OPERAT	TION 19b. CO	INDITION FOR WI	TICH OPERATION WAS PE	RFORMED	20a. AUT		- 1	206 IF YES, WERE CAUSES OF DEATH		CONSIDERED IN C	ERTIFYING
RTIF						YES [1 1				
	2 I g. ACCIDENT WAS		HOUR A.M.		21c.	HOW INJURY O	CURRED (Enter	r nature o	of injury in Part 1	ar Part 2,	Item 18.)	
MEDICAL	(If either, natify mi	edical examine	r) P.M.	19					,			
2	21d. INJURY OCCUR While The Nat while	RED 21e PI	LACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	10RY,) 21f.	LOCATION Stre	et or R.F.D. No.		City at Town		County	State
	While Nat while at work		1 1 1	1 1 1		0 171	10	-JE 1	17-3	1.0	. 08	415 ())
	220. I certify t	not (I) (this	hospitol) off	ended the decease	d from	nd that in Ir	, 19_ <u>~</u> ny) (auc) ani	inion de	oth occurred	, 15 an tha d	ob that	(!) (we) last
1	causes sta	ited abave,	(I) (we) (did)	12-2 (did not) view the	oody afte	death.	ny) (doi) api	illion de	oni occorred	un me u	are and noor	and nom me
	22b, SIGNATURE	0	× /	,							DATE SIGNED	
	Cher	les de.	Zho	2/	DE	REE PHYS.	ING D	MED. Hrector	PHYS.		12-3-68	
	22d. PHYSICIAN'S					22e. AD	DRESS		34	- 2 -	1 01701	
	NAME (Type)	Charle	s F. He	ss, M.D.			Sm	thsl	ourg, Ma	rylai	nd 21783	•
230.	BURIAL, CREMATION	, 23b. DA	TE	23c. NAME OF	CEMETERY C	R CREMATORY		23d. l	OCATION (City or	Town)	(County)	(Stote)
	REMOVAL (Specify) Burial	De		968 Smit	hsbur	g Cemet	erv		Smi thsb	urg	Wash.	Md.
24.	FUNERAL DIRECTOR	บาทคากไ	Homo	ADDRESS Smithsburg	1/4			REGISTI	RAP 968 25b.		S SIGNATURE	100
	PILITIE GIT I	merar	nome,	our cuspare	a Picto		DATE	0	1000		and has	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and concluded in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaine darbon papers. "Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after leath. Page 4 may be retained by the haspital ar attending physician. SOM REV



... 1.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18390

					CENTIFI	CATE OF DEATH						
로 _2록			CEASED-NAME First	rady Middle	, K	napp	2a. DATE OF D		V		2b F	
r death.		(I	ype or print) GRA	7 1 4	R	VAPP	1	recember Day	15 E	ear	23	AN
		3. SE	X	4. RACE		S. DATE OF BIRTH		6 AGE (In years	IF UNCER 1		F UNDER	24 HRS M(N
rs after	1		male	white		Sept.1,1904	4	64 birthday) YRS.	MONTHS	OAYS	HOURS	MATEN
an And	á			'b CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED S	COUNTY OF I	DEATH				
in 24 haurs filled iprby papers. Ba hin 72 hour	,	cour	W. Va.	U.S.A.	WIDOWE	D DIVORCED	Washi					Md
in 2 filled page		10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITA	L OR INSTITUTION (H	nat in hospital 12a USUAL	OCCUPATION (Kind of work done		IND OF B		
withi ety f bon with	1		agerstown	give street address) Washing	ton Co.	Hospita Lung Re		fe, Labore	: Ge	nLa	bor	
executed with and campletely i remave carbon any event, wit	10	13a	USUAL RESIDENCE (Where deceased ssion) STATE	i luked, of institution, Residence	befare 13c. CITY (OR TOWN 13d. INSIDE CTY LEM		EET AND NUMBER				
ecut cam ave y ev	10			Frederick	Nr.Myer		110	ute # 2				
ate be executed cian and camplet ease remave car and in any event,	11/4	14.	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME Fir		Middle			Last	
n a se i			John A	Austin Kna		Elizabeth	Reb	ecca I	yre	e		
icate be rsician c please I, and ii			WAS DECEASED EVER IN U.S. ARMED	or dates of secure)	9.4	INFORMANT [rs.Earnie N	Knann	Address Mueravi	770	7/1	ď.	
E 255			no	215-12-	<u>-2504 °</u>	I D . DOILLE IV	*IVII CPP	,11y 0 1 5 1 1		APPROXIMA		61
nding miles to	1		18. CAUSE OF DEATH (Enter only PART DEATH WAS CAUSED E	ane cause per line for (a), (b),	and (c).)	1-0				TWEEN ON		
事を	/		IMMEDIATE	E CAUSE (a) Pulso	rough	1 Edema	het.		12	100	W.C	
p at d			4120	DUE TO, OR AS A CONSEQUE	NCE OF	1 11	_	1 7 11				
that than an. by the ransit cremat			Canditians, if any, which gave a rise to immediate cause (a),((b) Hyper	Tonsive	and Arte	erioscl	erglic Ite	ar	40	arm.	<u></u>
train by creater			stating the underlying cause	DUE TO, OR AS/A/CONSEQUE	NCE OF			assease	_			
ires iysic ined rial,			last.	(c)	DUT HOT DELLTED	TO THE PERSONAL PROPERTY AND CO	MARITANI ANZIO	(NI DADT 1/)				
sign ph			PART 2 OTHER SIGNIFICANT CONDI	THORS CONTRIBUTING TO DEATH	BUI NUI KELAIEU			emphy	004	eneA		
ding ding the		NO.	19a, DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION	MAS DEDECIDATED	20a. AUTOPS!?					TIEVING	
tten ds t as prie	Ϋ́	CERTIFICATION	170. DATE OF OPERATION 170. CO	MUSTION FOR WHICH OF ERRITOR	THAS PERFORMED	YES . NO .	CAUSES	YES, WERE ANDINGS C OF DEATH?	ONSIDERE	D III CEN	CONTINUO	
IN: The Tar at	1	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21,	HOW INJURY OCCURRED (Enter	noture of invitor	un Port 1 or Port 2	Item 181			
fical of the far			OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Manth Day	Year	HOW HOOK! OCCORNED (Elliot	naioro ar ingory		110111 10.7			
rspiration to a		MEDICAL	(If either, natify medical examiner 21d, INJURY OCCURRED 21e, PI	LACE OF INILIRY LAT HOME, FARM, S	TREET, FACTORY, 1 21f	LOCATION Street or R.F.D No.	City o	er Town	County	,	Si	late
e ho			While Nat while at wark	OFFICE BUILDING,	ETC.	coorner silver at this inc.	city c	104416				
er the			22a. I certify that (I) (this	hasnital) attended the d	ereased from	Del V: 3 196	4 to 12	C 15 19	61	that_	m twi	عما (د
A the second			saw the deceased aliv	ve an Alu	219 <i>GA</i> , o	nd that in (my) (aur) apir	iian death o	corred on the do	ate and	hour a	nd fro	m the
Big Signal			causes stated abave,	(I) (we) (did) (did not) vie	w the body afte	r death.						
OR ATTEN be retained DIRECTOR: le 3 shauld ed with the			22b. SIGNATURE		MD	ATTENDING MI	D. 🗆	STAFF 22c.	DATE SIGN	NED	1)
			Charle Cof	Revell	1/2 // DE		RECTOR L	PHYS L	2-1	5 7	08	
Page 4 may be O FUNERAL DIS director, page shauld be filed	1		22d. PHYSICIAN'S NAME (Type)	les C. Sper	icer	22e. ADDRESS	rospec	TST.	Han	ers	16 u	n
D HOSPI Page 4 m O FUNER, director,		23a	BURIAL, CREMATION, 23b. DA	ITE 23c NA	ME OF CEMETERY C	OR CREMATORY	23d 10CATION	i (City or Town)	(Catint	у)	(State	
Page O FUN direct shaul			REMOVALISMENT Dec.	.18,1968 Sa	lem Uni	ted Methodi			Fre	d.c	0.1	١d ـ
VR A15	on Ora	24	FUNERAL DIRECTOR		DDRESS	2So. REC'D BY	REGISTRAR	2Sb REGISTRAR'S	SIGNATU	RE	1.2	
30M REV	1/6		Paul F. H	Bittle. Myer	sville.	Md. DATE DEC	119 18	168 Jelie	MA	July	1	ř



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE OF DEATH Type or print) MARY FRANCES LESHER DECEMBER 25

18391

그전류			CEASED NAME	First		Middle		Lost		20 DATE OF			26 HOUR
funerol 1 ond 2 er death.		(1	ype or print)	MARY		FRANCES	L	ESHER		DECEM	BER 25	968	9:30%
- 15 - F		3 SE	Х		4 RACE			S. DATE OF B	IRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
ages aff			FEM	TO	WHI	(पार)		0/	15/188	20	last bighday)	MONTHS DAYS	HOURS MIN.
D SIN		70 P	BIRTHPLACE (State		7b. CITIZEN OF W		9			9 COUNTY OF		85.	
- S. S.		coun	itry)					D NEVER MAI	CKIEU				
id i			MARY.		U.S.	Α.	WIDOWE		RCED		INGTON		Md.
filled in papers.	10	10. €	ITY OR TOWN OF	DEATH	11 8	IAME OF HOSPITAL OR IN	STITUTION (I	f not in haspital	12a USUA	L OCCUPATION	(Kind of work dor	12b KIND OI	BUSINESS OR
× 5.0 ×	and go	,	HAGERS	NWOTE	a. A	street gddress) IASHINGTO	N CO	. HOSP	ITAL	HOUSE	WIFE	I) INDUSTRY	Me
completely ove carbo y event, w	. ,	13a	USUAL RES DENC	E (Where deceos	ed lived, if institu	tion: Residence befare			13d. INSIDE CITY LIF		REET AND NUMBER		
eve eve	e ./	0dmi	ssion) STATE	RYTAND	IS COUNTY	NGTON	HA CE	RSTOWN	YES NO	0 100	5 GAY S	η	
28 E ≥	- /	14. E	ATHER'S NAME	First	Middle	Lost	THE STATE OF	IS. MOTHER'S M	AIDEN NAME F		Middle		Last
physician and hen please remaional, and in on)			JO	TRT	CYRUS	MOODE						CDOIM	-
an ose		160	WAS DECEASED			MOORE 166 SOCIAL SECURITY	NO II	, INFORMANT	AJVIA	NDA	A ddræs	GROVE	NE TAT
rsici Ple L'a			es, no, ar unknaw		rar ar dates of service)							AGERST	NIM
ph)		_	NO			NONE		MR FR	aj jas it	ik C.	TESHER	MD.	MATE INTERVAL
by the ottending properties of the cremation, or removing the cremation, or removed the contraction of the c						me, for (a), (b) and (c)	.)	7-	7	_			ONSET AND DEATH
ig ii i			PART I. DE	ATH WAS CAUSEI	D BY: ATE CAUSE (a)	denve	me	course	es de	very	the trues		
err en			12 -	£"	. ,	AS A CONSEQUENCE OF				1/12	n Tal	18/10	1 1
at to			Canditions, if a	ny, which gave)		TO THE CONSEQUENCE OF		>	Bur	3900	7	5	T guy
# # me			rise to immedi		(b)	AS A CONSEQUENCE OF			Chron		2		1
tro,			stating the unit	derlying couse	DUC 10, OK	AS A CONSEQUENCE OF							
signed by the ottending physician and completely filled in by the fur burial-tronsit permit. Then please remove carbon papers. Pages 1 burial, cremation, or removal, and in ony event, within 72 hours after			-/-	COMPLEMENT CO.	(C)	TIME TO DIATE DIT V	OB DELAYED	TA THE TERMINA	/ DISELSE OF C	ANDITION ONE	III IN DARY 17 3		
S 2 3			PART 2 UTHER	DIGNIFICANI	NOTIONS LONTERE	JTING TO DEATH BUT N	KELATED	10 THE TERMINA	L DISEASE OR C	ONDITION GIVE	N IN PAKT I(0)		
een the r to		NO	(1/16	1170	il race								
s b or		CERTIFICATION	190. DATE OF OP	RATION 19b.	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTO	1 1	enuers	YES, WERE FINDING OF DEATH?	S CONSIDERED IN (ERTIFYING
ficate hos for use o Health pr	1	RTIE						YES					
or t			21o. ACCIDENT				21c.	HOW INJURY OC	CURRED (Enter	nature of inju	ry in Part 1 or Part	2, Item 18.)	
書名		MEDICAL	(If either, notify	G □ CAUSE OF DEAT		Month Day Year							
the che		WE	21d INJURY OC	CURRED 21e.		(AT HOME, FARM STREET FA	CTORY.) 27f.	LOCATION Street	et or R.F.D. Na.	City	or Town	County	Stote
his De			While Nat	Attilia		OFFICE BUILDING, ETC.	1			-			
e de ote			220 Leartif	w that (1) (th	is basnital) att	onded the decore	ad from	12 /100	19/1	5 tn 2	2000	1960 tha	t (I) (wa) last
Aff			saw Hi	y deceased a	live on 2.5	ended the deceas	9 /28	nd that in (m	v) (our) ani	nian death i	accurred on the	date and haur	and from the
# Page			couses	stated abave	(I) (we) (diet	(did nat) view the	bady afte	r death.	,,, (oo,, op.,	man avam.	22201104 411 1110	date blid tigos	and namino
Shoul it it			226 SIGNATURE	- 11	0/01/	× -	1/	7/		_		2c DATE SIGNED	
5 × 5			10	Weard	01/2	made a	DE View	GREE PHYS		IED.	STAFF PHYS.	26 Dec	(0
Elge D	- 1		221 PHYSICIAN	5	16	1141	9	22e, ADD		IKELION	11112	/b_Dec	68
P P	- /		NAME (Typ		rd T. Bi	Inford M.D	,			tomac A	ve Ha	caretoun	. Md
FUNERAL DIRE rector, page 3 rould be filed w		00-	DUDIAL COCASA					OR CREMATORY			ON (City or Town)		San Street
FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to		230	BURIAL, CREMAT	ION, 23b. I	UAIE	_				1	\- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(County)	(Stote)
2 1	X	0.4			12/28/ <i>€</i>	8 REST	HAVE	N CEM.	Lee Dreip Di		RSTOWN		MD -
VR A15	1	24	FUNERAL DIRECTO	JK .	1-11-	ADDRESS		7.1	2Sa REC'D B		-2Sb. REGISTRA	AK 2 SIGNATURE	
30M REV, 1.	/68	10	1-/la	men	(RELGE	weber	-	pet.	DADEC	3 1 196	XO Julio	mes fre	*

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death antificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

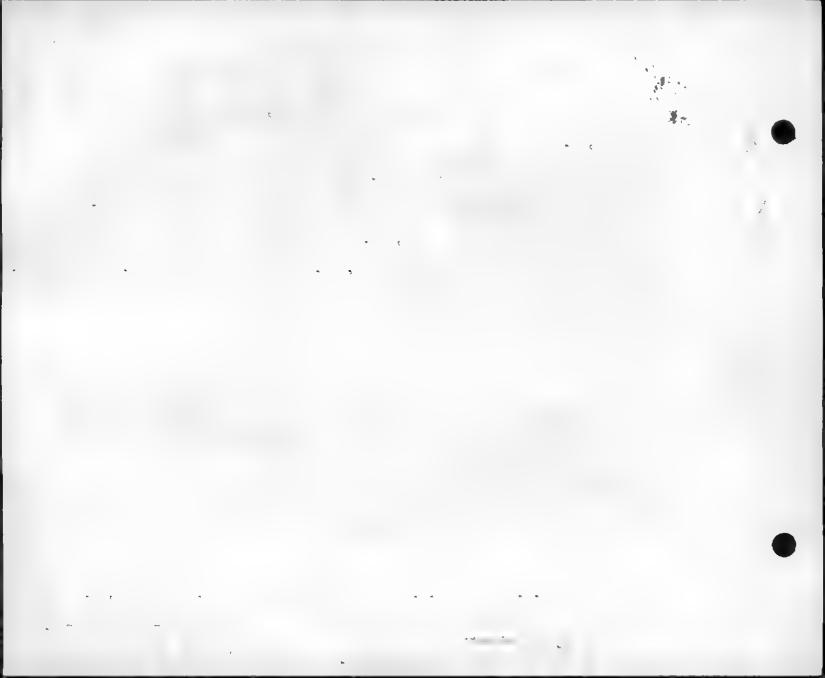
18379

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18392

			-									
ج	_~~€			CEASED-NAME First		Middle		Lost	2a DAT	E OF DEATH		2b. HOUR
death	and death		(1	ype or print) Done	10.	Mae	/	ona	2	Month Day	Year 1968	, N
D	funera 1 and er deat	1	3. SI		4. RACE	1100		DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
te e	e f es		V. 30	_	T. MACL	4 .0	3.			last birthdoy)	MONTHS DAYS	HOURS MIN.
s after	the f Pages urs afte			Female		White		August 4.	1939	29 YRS.		
Jig '	O D		7a. I	BIRTHPLACE (State or foreign	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 COUNTY	OF DEATH		
	ME \$ 2		cour	igerstown, Md.	US	A	WIDOWED	DIVORCED		Washington		
E	10 6 C		10 (ITY OR TOWN OF DEATH		AME OF HOSPITAL OR INS			THAT OCCUPAT	ION (Kind of work dane	125 KIND OF	IMO
<u>~</u>	事		10. (give	street address)	THORITING I	during	nact of warl	cing life even if retired)	I INDUSTRY	SOSINESS OK
- ₹	with with	1 1		Hagerstown	3	street address) Washington	Co. Hos	pital	None	king life, even if retired.)	125 KIND OF INDUSTRY	ne
p/	pletely carban rent, with	,	13a.	USUAL RESIDENCE (Where decease	ed lived if institut	tion. Residence before	13c. CITY OR TO	DWN 13d. INSIDE CIT	Y LIMITS? 13e	STREET AND NUMBER		
¥	9/6		odm	ission) MSTATE land	Washin	atou	Hagers	tomes YES X	NO [] 4	81 Mitchell	Ave.	
Š,	916 }	- 1		ATHER'S NAME First	Middle	last		NOTHER'S MAIDEN NAME		Middle		Local
en .	220		19. 1		Middle						_	Lost
۽ آھ	d se d			George	('	Long	. Sr.	* ナヤ	ances	Grace	Ju	ner
ate,	ician (lease and 11		160	WAS DECEASED EVER IN L S. AR!	MED FORCES?	166. SOCIAL SECURITY N	10 117 INFO	TRAMAC		Address		
ij	S 0 0		'	es, na, ar unknown) (II yes give v	var or dotes at service)	None	Mr	Geo. Long.	481 M	itchell Ave.	Hagerst	Dun Md
that the death certificate	attending physician permit. Then please an, ar removal, and i					*					APPRDX	RATE INTERVAL
4	ing en		l	18. CAUSE OF DEATH (Enter on	ily ane cause per li n ov.	ine far (a), (b), and (c).)	1	. 50			BETWEEN D	NSET AND DEATH
aat	ar i		H	PART I. DEATH WAS CAUSE IMMEDIA	ATE CAUSE (o)	esural	any	co. 000	nex.	60	2-11	ays
ē	attendi permit. an, ar r	/	1	TIUX		AS A CONSEQUENCE OF		/				1
the	. H.E			Canditians, if any, which gove	1	Hu					112	Le.
Ħ	by the ransit			rise ta immediate couse (a),	[D]	AS A CONSEQUENCE OF						
# :	G ta de la			stoting the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF						
res	al ed			last.	(c)							
in d	E 2 2			PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBL	TING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE O	RCONDITION (GIVEN IN PART 1(a)		
e ,	G e r			481 x								
3	ar t		Ö,	190. DATE OF OPERATION 19b.	CONDITION FOR WE	TICH OPERATION WAS PER	PEOPMED	200 AUTOPSY?	120	b. IF YES, WERE FINDINGS CO	ONSIDERED IN CE	PTIEVING
9	Dri as		CERTIFICAT	THE DRIE OF OTERATION	COMPILION LOK WE	THE OF EIGHT ON THAT I EF	I OKIILD		100	USES OF DEATH?	OISTOCKED IN CE	XIII CHIO
= 7	± Se →	X	E					YES NO	_			
2	rate or u			21a ACCIDENT WAS UNDERLYIN			21c. HOW	INJURY OCCURRED (En	iter noture of	injury in Port 1 or Port 2,	Item 18)	
8	開発を表		3	DR CONTRIBUTING CAUSE OF DEAT	m HOUR A.M.	Month Doy Year						
5	t ed		WED.					TION Street or R.F.D.	Na	City or Tawn	Caunty	Stote
至	od leb			While Not while ot wark of work	TEACE OF HOOK!	(AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	1 211 1000			1		
45	e E			22a I certify that (I) (the saw the deceased a causes stated above				2.0	60		10-	
Ž;	ter tat		1	22a certify that (I) (th	is haspital) att	ended the decease	d fram	20 /2 00, 19	, ta,	25 AL.CC, 19	, that	(I) (we) las
2	d A			saw the deceased a	live an	23 ALCE	9 Cal, and t	hat in (my) (our) o	ipinian dea	th accurred an the da	te and haur i	and from the
	a Bart			causes stated above	e, (i) (we) (did)	(did not) view the l	oady after dec	oth				
ΑĬ	この気を			22b. SIGNATURE	1	, 1				1 226.	DATE STUNED A	
S. 3	DIRE DIRE Ge 3			Ch(Y. 1/2)	6.1000.	1.(1)	DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF D / 2	124/6	P
				22d. PHYS CIANYS	/	/		22e ADDRESS			f/	-
Z	3 3 3	- 1		NAME (Type)	0 2 11111	on M.D.			hara A	ve. Hagerston	us Mel	
S		1										
H0	FC Doug		230	BURIAL, CREMATION, 23b.	DATE		EMETERY OR CR			ATION (City or Town)	(County)	(State)
TO HOSP	0.56	00	1	REMOVAL (Specify)	2/28/68	, Rest H	anon Co	meteru	Hag	erstown-Wash	ungton-	Md.
_	_	70	24.	FUNERAL DIRECTOR	a Hon	ADDRESS	aven Ce	2So. REC'D	BY REGISTRA	R 25b. REGISTRAR S	SIGNATURE	
	30M REV	4) 768		Part House Bus	tal Char				C 3 0	1968 Pclia	Man Cus	let.



TRIMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY a. STATE b. COUNTY Washington MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) Hagerstown d. STREET ADDRESS Washington County Hospital 621 Maryland completely NAME OF paper DESCRIPTION OF OF (Type or print) DEATH December within Woodrow Wilson Lynch carbon 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months Male WIDOWED DIVORCED [White October 21. 1916 physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Tool maker Pangborn Corp. West Virginia attending ph Flven please r val, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dammie Frances Bolder Homer Blaine Lynch Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give wer or dates of service) 235-18-7443 Mrs. Mildred Lynch-Hagerstown, Maryland Nο permit. 18. CAUSE OF DEATH Enter only one cause ò PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO attending Conditions, if any, which gava rise to immediate couse DUE TO (a), stating the underlying couse last. the δ PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE REMINAL DISPACE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION SE 2 USB prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) Įo. OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached AEDICAL After 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) Month, Day, Year 20f. (City or fown) fectory, street, office bldg., atc.) Hour a.m. While Not While ŏ et work at work p.m. DIRECTOR: Dept. 28 21. I certify that (i) (this hospital) ettended the deceased from/./ plnods State19 🖟 from the causes and on the date stated above. saw the /deceased .I., and that death occurred at ... YEE. 22e. S E ATTENDING DIRECTOR PHYS. PHYS. eth. Page 4
FUNERAL M.D. HOSPITAL page with th ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) rector, 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) O TE A REMOVAL (Specify) Burial 1968 Martinsburg Rosedale Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

West

Virginia

VR A15 (4) 20M 5-63

(County)

Washington

Day

U.S.A.

24

a. IS RESIDENCE ON A FARM? YES NO K

1968

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSES AND DEATE

PERFORMED?

NO F

(State)

22b. DATE

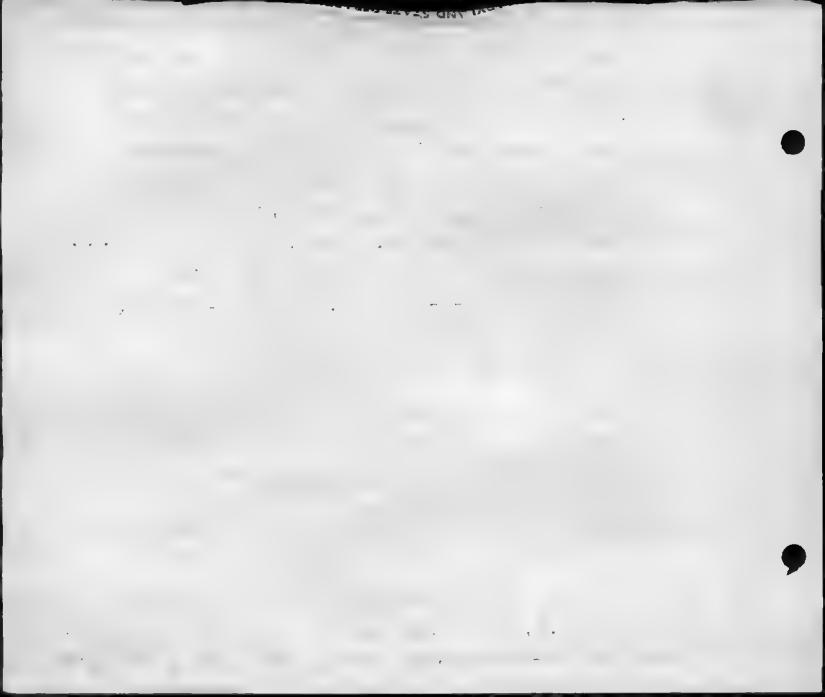
(Stelle)

SIGNED

., 19.(39) that (I) (we) last

West Virginia

12. CITIZEN OF WHAT COUNTRY?



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18394

18381

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) December 22, 1968 Mancini Lucia 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 4. RACE IF LINDER 24 HRS 12-13-1892 female white YRS. 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Italy Washington USA WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Home 55 E. Franklin, St. during most of working life, even if retired)
HOUSEWII e Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md. 13b COUNTY Hagerstown YES X 55 E. Franklin, St. Wash. 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Middle Middle Pietro D. Adamo Rosaria LaVergetta 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or detes of service) Mr. Pietro Mancini Hagerstown, Md. 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY: BETWEEN DISSET AND DEATH RETROPERLITONEM 14-15-0 IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) MELLINES ARTERIOSCUSABTIC CIV TIESTISE いる。多のよの 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🖂 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Yeor 21d. INJURY OCCURRED
While Nat while at work of work 21e. PLACE OF INJURY (AT MOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City of Town County 22a. I certify that (I) (this haspital) attended the deceased from 1965, 1963, to 1966, that (I) (we) lost saw the deceased alive an 1966, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING DEGREE DIRECTOR 22d PHYSICIAN S 22e. ADDRESS NAME (Type) NOEL FENDER 218 H. Poromee ANGENSTONEH 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE (County) (State) BEMOVAL (Specify) 12-27-68 Rose Hill Cemetery Hagerstown, Md. 25d. PECID BY REGISTRAR 1968 25b. REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

low requires that the death certificate be executed the attending physicion and to sit permit. Then please remain cremation, or removol, and in any burial-transit permit. burial, cremation. or re signed by Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by os the prior to l ed for use of Health p director, page 3

deoth,

event,

by the funeral

4thin 24 hours after death

30M REV 1/68

Minnich Funeral Home Hagerstown, Md.



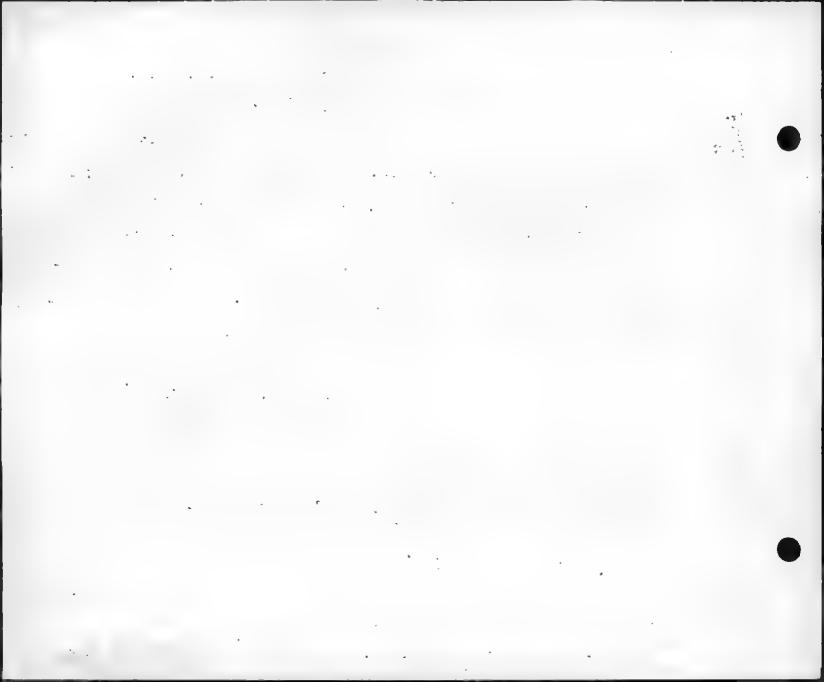
within 24 haurs after deat

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

VR A16 30M REV.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

						CEKIIFI	CATE OF L	JEAIN						
2 £		ECEASED NAME	First		Middle		Lost		2a DATE OF				2b. HOUR	Т
burial, crematian, ar remaval, a∎d in any event, wrining hours after death.	Ľ	(ype or print) Et:	nel	Loui	.se	Mi	ller		Dec	Month ,	1968	3 Year		M
	3. SI	femal •	4. R	RACE Whi	te		S. DATE OF BIR		88	6. AGE (In year)	YRS.		HOURS M N	
		BIRTHPLACE (State or foreigntry) Virgini		TIZEN OF WHAT COI	UNTRY?	8 MARRIEC WIDOWEC	NEVER MARR	The same	COUNTY OF	DEATH Shingto	on			Ad
1		agerstown		11. NAME OF	HOSPITAL OR INS		nat in hospital Home			(Kind of wark of ife, even if retir SET		ZE, KIND OF B	USINESS OR ploye	20
1,	13a adm	USUAL RESIDENCE (Where issian) $STATE Md$.	deceased live 13b	d. if Institution Reco. COUNTY hashin	sidence before igton	13c. CITY C Hage	r TOWN 3	3d. INSTOE CITY LIMI	TS? 13e. STR	EET AND NUMBE	R	ac Av	e.	
,	14.	FATHER'S NAME First Per:	ry W.	Middle Miller	Lost		is. Mother's mail	DEN NAME Firs	lnnie	Valent			Last	
	160	was deceased ever in u. (es, no, or unknown) (lify	S. ARMED FOI is give war or date		OCIAL SECURITY N		informant r. Alti	hea Mi	ller,	Addre Hagel				
		18. CAUSE OF DEATH (En PART 1 DEATH WAS			(a), (c) and (c)	mo	nar	ade	er	· -			ATE INTERVAL SET AND JOEATH	0
		Conditions, if any, which	gave)	UE TO, OR AS A CO	INSEQUENCE OF	two	nlevete	or Ca	rda,	105		ue	ny	_
		rise to immediate cause stating the underlying c last. 4 2 7	ause D	UE TO, OR AS A CO)NSEQUENCE OF									
	z	PART 2 OTHER SIGNIFICAL	IT CONDITION		O DEATH BUT NO		TO THE TERMINAL		1		hille	ter		
X	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ON FOR WHICH OP	ERATION WAS PE	RFORMED	200 AUTOPS	SY?		YES, WERE FINDI OF DEATH?	NGS CONSID	ERED IN CER	TIFYING	
	MEDICAL CER	21 g. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical)	OF DEATH	216 TIME OF INJUR HOUR A.M. Man P.M.	Y oth Doy Year 19		10W INJURY OCCU	JRRED (Enter a	nature of injur	y in Part I or Pa	ort 2, Item	18.)		
	WE	21d INLURY OCCURRED White Not while at wark of wark		OF INJURY (AT HOW OFFICE			OCATION Street	- 11	-	or Town	Ca	unty	Stote	
		22a. I certify that (saw the decease capses/stated c) (this has ed alive a Bave, (1) (pital) attended n we) (did) (dud-n	the decease	tone, ai	nd that in (my)	, 19 <u>°°</u>) (aur) apini	, ta ian death a	ccurred on th	19 ne date a	, that (nd havr a	(I) (we) la nd fram th	st 10
		22b SIGNATURE	and	1//	my f	ZE Z DEC	A SAFTENDING	MEL	DECTOR	STAFF PHYS	22c DATE 23 De	SIGNED	8	
1		220 PRYSICIAN'S NAME (Type) Ric	hard T	Binfor	d C		228 ADDRI 1135	Potoma	c Ave.	, Hager)
R	23a	BUR AL, CREMATION, REMOYAG(Spediy)	23b DATE 12-3	26-68	23c NAME OF C		Cemet	ery		N (City or Town)		ounty)	(State)	
6 [4]		FUNERAL DIRECTOR	neral	Home.	Hagers		Md	DEC 2	REGISTRAR	25b REGIST	RAR'S SIGN		e.C.	



and 2

Ter death. furerol

death.

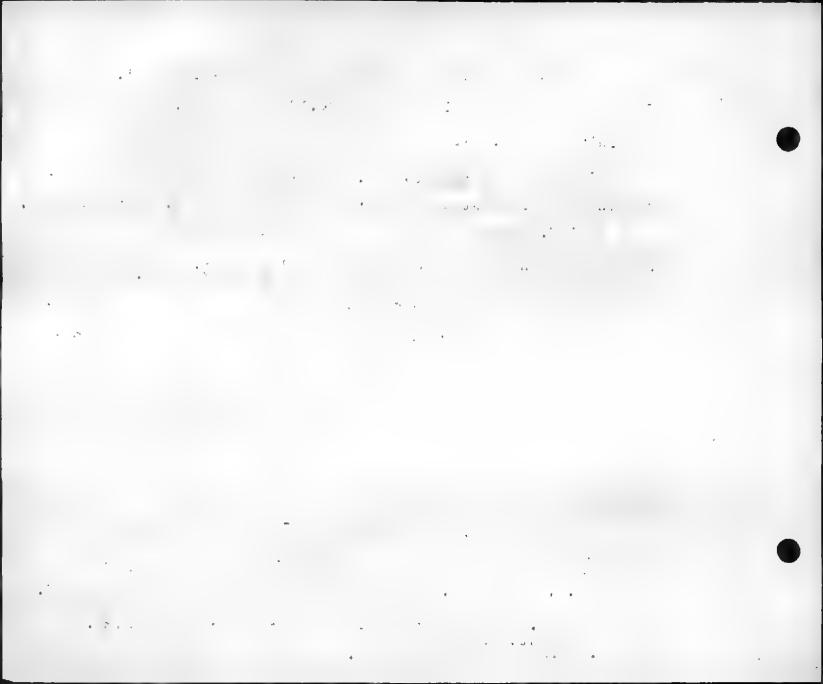
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after

Pagm 4 may be retained by the haspital or attending physicion.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1 0	ECEASED-NAME	First		Middle		Last		2g DATE OF DEATH		2b. HOUR
	Type or print)		SULA	MAY	MIL			December	Pay. 1988	
3. S	EX		4 RACE			S. DATE OF B	IRTH	6. AGE (In years		IF UNDER 24 HRS.
	Female			White		Aug.	12,189	6 lost bighday)	MONTHS DAYS	HOURS Min.
70.	BIRTHPLACE (State or fo	areign	7b. CITIZEN OF	WHAT COUNTRY?	8. MAR	RIED 📉 NEVER MAI	RRIED 9	COUNTY OF DEATH		
COU	Virginia	a		S.A.	WIDO	WED DIVO	RCED 🗌	Washingtor		Md
10.	Hage:	rstov	vn g	NAME OF HOSPITAL Over street oddress) Washing1	ton C	o. Hosp	ital	OCCUPATION (Kind of work do st of working life, even if retire House Wife	ed INDUSTRY OW I	F BUSINESS OR Home
13o adm	USUAL RESIDENCE (WH	iere decease	Washi	itution: Residence bei ngton		y or town erstown	AEZ K NO			d Ave.
14		irst rl F.	Middle	e Lo	st	IS. MOTHER'S M	AIDEN NAME Fir France	st Lambert Middle	e	Lost
160	NAS DECEASED EVER (IN U.S. ARM (If yes give we	ED FORCES?	16b. SOCIAL SECUI		17. INFORMANT Rarl M	iller	308 S.Clevel	land Ave	
Г	18. CAUSE OF DEATH	H (Enter anl	y one cause pe	r line for (a), (b), and	d/sc))/		,	, , , ,	APPRO)	GMATE INTERVAL DINSET AND DEATH
	PART I. DEATH V		BY TE CAUSE (o) _	Cenebra	Vilase	ular De	edent	-		utes
	4369			OR AS A CONSEQUENCE	E OF					
	Conditions, if any, w		(b)_	athri	selle	me			yes	e aa
	stating the underlyi		DUE TO, C	OR AS A CONSEQUENCE	E OF					
_	PART 2. OTHER SIGNI	FICANT CON	DITIONS CONTR	IBUTING TO DEATH B	UT NOT RELAT	ED TO THE TERMINA	IL DISEASE ORCO	ONDITION GIVEN IN PART 1(o)	·	
MEDICAL CERTIFICATION	190. DATE OF OPERATION	ON 19b. (ONDITION FOR	WHICH OPERATION WA	AS PERFORMED	20a AUTO		206. IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN	CERTIFYING
DICAL CER	21o. ACCIDENT WAS DR CONTRIBUTING (If either, natify med	cause of death	HOUR A.	M.	Year 19			nature of injury in Port 1 ar Par	1 2, Item 18.)	
W	21d. INJURY OCCURR While Not while at work	ED 21e.	PLACE OF INJUR	AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET, FACTORY.) 2	If LOCATION Stre	et or R.F.D. Na.	City or Town	County	Stote
L	22g. I certify the	at (I) (thi	s haspital)	attended the dec	eased fran	1	. 19 -	- ta / 10.44	19 . tha	t (I) (we) last
	22a. I certify the saw the de causes state	ceased al ed abave	ive an, , (!) (we) (d	id) (d id not) view	19 <i>_&P</i> the bady a	, and that in (m fter death.	ıy) (our) apin	ian death accurred an the	e date and haur	and from the
	22b SIGNATURE	Oci;	ilson	~		DEGREE PHYS.	NG ME	D STAFF PHYS.	22c DATE SIGNED	08
	22d. PHYSICIÁN'S NAME (Type)	J.D.	Wilso	on Md.		22e. ADE	O Nort	hrn Ave Hag	erstown	, Md.
	BURIAL, CREMATION,		.4,19	68 Ro	se Hi	y or crematory 11 Ceme		23d. LOCATION (City or Town) Hagerstow	wn, Md.	(Stote)
24 A	FUNERAL DIRECTOR NOTEW K. (nage: Coff:	nan Fu	, Md ADD ineral He	ome I	nc.	25a. REC'D BY		RAR'S SIGNATURE	top.

TO FUNIERAL DIRECTOR: After this certificate has barn signed by the attending physician and completely when it is director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. As should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours 30M REV. 1



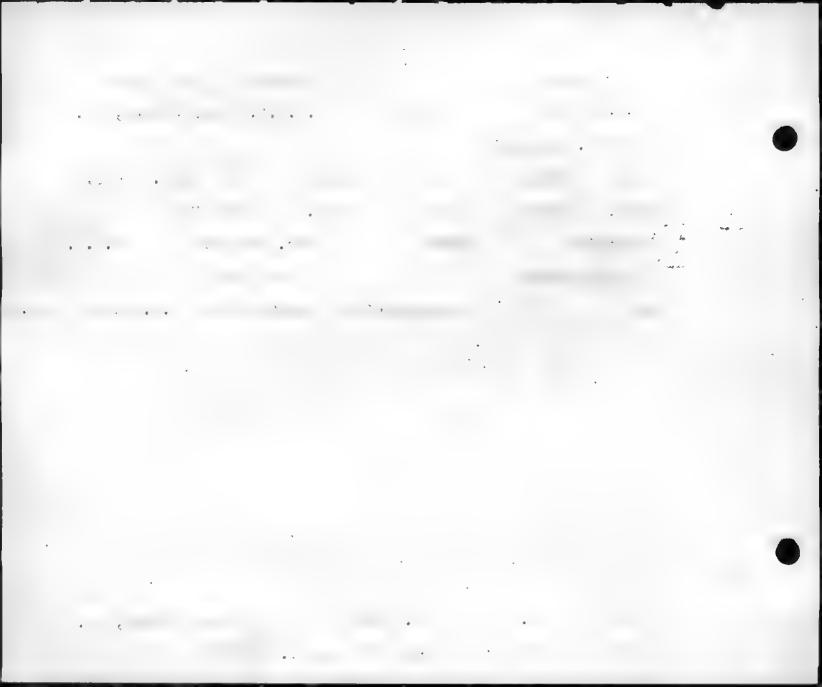
faneral and 2 death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibreral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours? Page 4 may be makenell by tile hounital or attending physician.

VR 415-441

PLACE DE DEATH

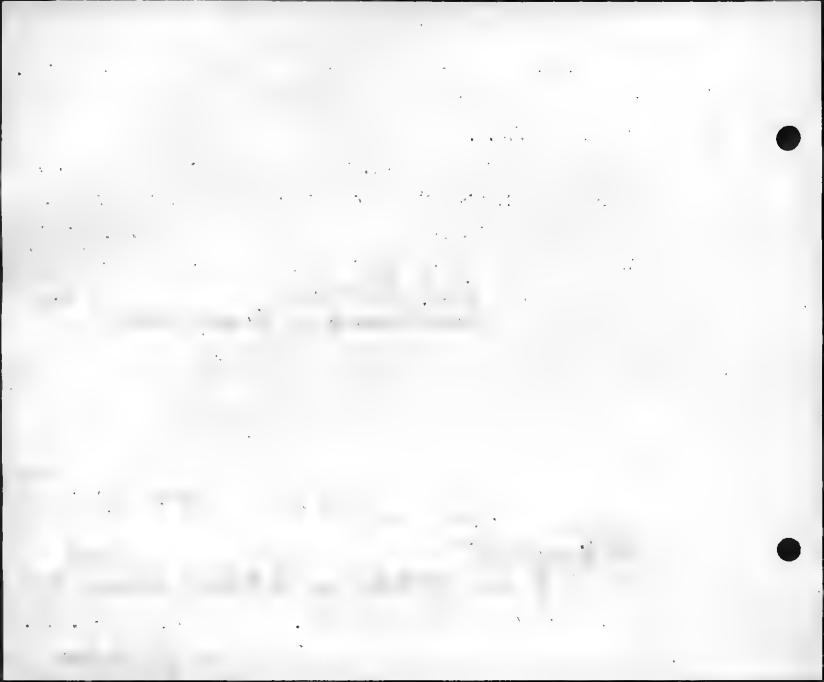
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH HISHAI DESIDENCE (Whose deceared lived 16 inhibition theirance before admission)

"	a. COUNTY Wash	ington		MAG	YLAND	Maryl and		ington	residence pelote admission)
-	b. CITY OR TOW	N (If outside corpora	te limits,	c. LENGTH OF ST					L and give nearest town)
	Hager	and give nearest tow S COWN	'n)	1 Week		R.F.D.2.	Clear S	pring.	Md.
		SPITAL OR INSTITUTION	N (If not In I	ospital, give street	address)	d. STREET ADDRESS		F	e. IS RESIDENCE ON A FARM?
	Wash Co	. Hospit	al						YES NO.X
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE DF	Month	Day Year
	(Type or print)	Lela]	May	Mi	lls	DEATH De	c. 16t	h. 1968
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8	. DATE OF BIRTH	19. AGE ()	n years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
	Female	White	WIDOWED	LER			889 79	yrs.	Days Hours Min.
10a	I. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. l	(IND OF BUSINESS ON NOUSTRY	DR	11. BIRTHPLACE (Co	unty & State, or foreig	n country) 12. (CITIZEN OF WHAT
	Housew:			ome		Wash. Ma	rvland		S.A.
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME		
	Alvi	n Myers				Emma M	Vers		
15	. WAS DECEASED!	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY N	10. 17.	INFORMANT	1012	Address	
Lin	NO	(If yes pive war or dates o	r service)	27 8 21. 1.4	0704	Da a 4	3/477 - 17	D 0 43	
-		DEATH [Enter only on	e cause per		AOEO	Raymond	<u> </u>	L.D.2,C1	ear Spring
		ATH WAS CAUSED BY	: 11	100000000000000000000000000000000000000	, ,				ONSET AND DEATH
1	dans	IMMEDIATE CAUSE	(a)(a)	reell	4		1 2		
	Panditions II	DUE DUE	TO CONTRACT	1.2. 6	0 10	21 81	1	0	
	Conditions, If		(b)	THE ELL	Lie	al arm	1	- Range	-
	cause (a), st		TO /	/					
z	underlying caus		(c)					T	LIO WILD ANTOPOLY
CERTIFICATION	PART II. OTHERS	SIGNIFICANT CONDITION	INS CONTRIB	UT ING TO DEATH BUT	NOT RELA	TED TO THE TERMINALD	ISEASE CONDITION	GIVEN IN PART 1(a)	PERFORMED?
ΙĒ	2Da. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature of	Inlury In Part I or	Part II of Item 13	
	OR CONTRIBUTI	NG CAUSE OF DEA	TH VER)						
MEDICAL	_	INJURY Month, Day,	Year 20d.	NJURY OCCURRED	20e. PLAI	E OF INJURY (Home, far y, street, office bldg., et	m, 20f. (City or	town) (Co	unty) (State)
100	Hour a.m		While at wor	k At work	1000	1, saleet, onto pide., et	···,		
[y that (I) (this hos	ital) attend	led the deceased	from	19	to	19	, that (I) (we) last
		ceased alive on	4	1 2 / 1		death occurred at			the date stated above.
	22a. SIGNATUR		,		and that			22b.	DATE SIGNED
		V. Frank	1110	0541)	M.D	ATTENDING N	IED. STA	FF S	
1	22c. PHYSICIA		X.		,,,,,,	22d. ADDRESS	* .		
١.	NAME (T)	1 FKAGC	15-C	20510	16	3861/6	telheru	an. K	16eg
238	 BURIAL, GREM REMOVAL (Spe 	eclfy)	HEREOF		CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or co	ounty) (State)
	REMOVAL (Spe Burla		19, 68		aul		Clear S	pring.	Md
24	. FUNENAL DIRE	CTOR E,	Aury	ADDRESS			D BY REGISTRAR		I'S SIGNATURE
	Phompsor	Funeral	Home	Clear S	Sprin	MENTEC	2 3 1968	1	-

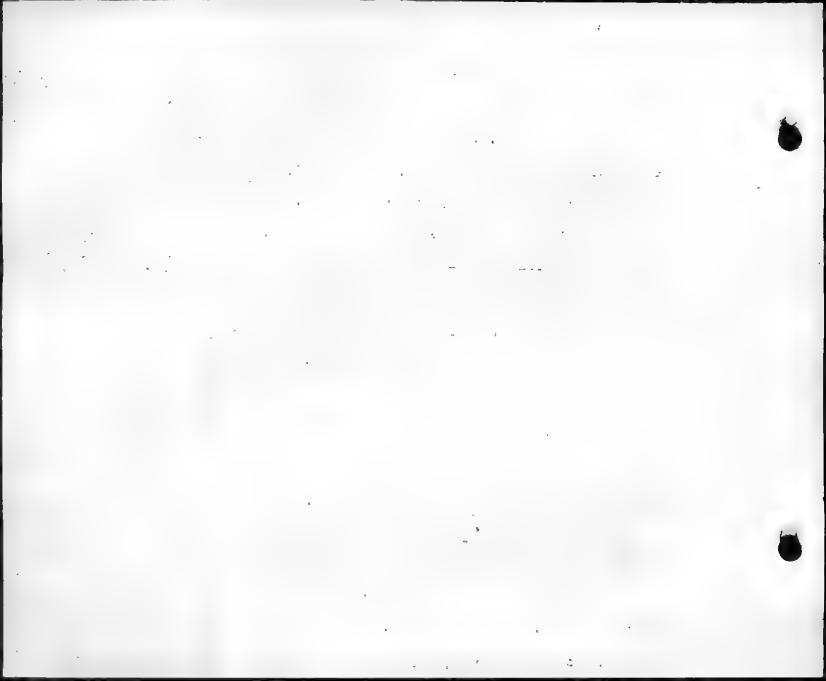


EQIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18398 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I DECEASED-NAME First M ddle Last 2a DATE KNOWN Month Day Year (Type or Print) ESTI-Terry Lee Mong DEATH MATED \$ 12-22-68 a, S DATE OF BIRTH IF JINDER YEAR IF LINDER 24 HRS. 4 RACE 6 AGE (In years 2c DATE PRONOUNCED DEAD 4 3 SEX HOURS fast birthdoy) Oct. 24. 1949 White √ale 79 19 68 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH (dunfry) U.S.A. WIDOWED [DIVORCED [Washington 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working life, even if retired.)
Hel)er **INDUSTRY** Road Route#5 Hagerstown Plummer 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN death. 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE MG -136 COUNTY Washington Smithsburg R.D. # 3 YES NO K l and 2 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Joseph Mae Mong Anna Brown pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil be executed within (Yes, no ar unknown) Joseph A. Mong, R.D. Smithsburg, Md. 를 APPROXIMATE INTERVAL = 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN GMSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning Possibly DUE TO, OR AS A CONSEQUENCE OF 2 hours Canditians, if any, which gave rise to immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🖂 NO F shauld be 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Dov. Year 21c HOW INJURY OCCURRED (Enter nature of 'njury in Part 1 or Part 2, Item 1B) PRIMARY CONTRIBUTING crematian. 7:30 12-22-1968 Teaky muffler on standing car with motor CAUSE OF DEATH 21e PLACE OF NJURY (At hame, form, street, 21f JOCAT ON Street or R.F.D. No. 21d INSURY OCCURRED City or Town TRUMPING. State factory, office building, etc.) may be retained far yaur FUNERAL DIRECTOR: Page AT WORK AT WORK Md. Ridenour Road, Route 5. Hagerstown, Wash. Public Road 22a. I certify that I took charge of the remains described above, held an Autapsy 1871. Inquiry . Inspection . ond in my apinian death resulted fram-Natural causes Accident . Spicide . Hamicide Undetermined manner X CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 12-23-68 **EXAMINER'S** Health NAME (Type) Tim Washing of his story Hagerstown. Md. 215 W. 50 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Mountain View Cemeterv Burial Ringgold 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Minnich Funeral Home, Smithsburg, Md. Ocharles 1968 DATE DEC 3 0 VR A15ME 创





Es



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physitian and dempletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours ofter death.

19259

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

v					
	1	8	4	0	2

-			CERTIF	ICATE OF DEATH		184	02		
	dem d v v b	First EE	Middle ROY	PITTMAN	2g. DATE OF DEATH 12 Month	7 Day 88	2b. Hour M		
3. 3	SEX MALE	4 RACE WHITE		5. DATE OF BIRTH 4.11.1890	6 AGE (In	yeors of under it down this yes			
cai	BIRTHPLACE (State or foreign unitry) PENNA CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT (WOODING ON ATIGODIESON OF		9 COUNTY OF DEATH WASHINGON SUAL OCCUPATION (Kind of wi		Md ND OF BUSINESS OR		
	NCOCK D. USUAL RESIDENCE (Where de		HOME	OR TOWN 13d, INSIDE CO	TY LIMITS? 13e. STREET AND NI		RY		
adr	mission) STATE MD.	136 COUNTYWAS	HINGTON HA	NCOCK YEX□	NO □ 107 FULT	TON ST.			
14	FATHER'S NAME First WILL	IAM PITTMA		15 MOTHERS MAIDEN NAM SAF	RAH E HESS	Middle	Last		
16	o, WAS DECEASED EVER IN U.S. YeshOarunknown) (If yes		. SOCIAL SECURITY NO. 212.10.8500	7. INFORMANT DELLA B		Address HANCO	ST.		
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE) Canditions, if only, which go rise to immediate cause (DUE TO, OR AS A	many or	tu coma	artem dis		PPROXIMATE INTERVAL WEEN DASET AND DEATH		
	stating the underlying collast.	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF							
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
MEDICAL C	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Mominer) P.M.	onth Day Year	`	nter noture of injury in Port 1	or Pari 2, Item 18.)			
	While Nat while at wark of wark 220. I certify that (I)	(this hospitol) ottend	ed the deceased from	CLOCATION Street or R.F.D.	to 1/1/8	County	that (I) (we) lost		
	sow the deceased alive an 11/8 1968, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady ofter death. 22b SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. 12/9/68								
	22d. PHYSICIAN S NAME (Type)	3 thoma.	S I M.D	22e. ADDRESS	ANCOCK	, Md.			
23	o BURIAL (REMALION, REND VILLE PECTY)	3b. DATE 12.10.68	23c NAME OF CEMETERY DEMASCUS	OR CREMATORY	23d LOCATION (City or T RURAL FUL		NTY PENNA		
24	FUNERAL DIRECTOR	Lune	ADDRESS		EC 1 2 1968	EGISTRARS SIGNATUR	Judge		

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Poge 4 may be retained by the haspital or attending physician.



1, 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18404 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED NAME Middle Of Clasco (Type or Print) Edward 20 DATE KNOWN THE ESTI-0F Harry DEATH MATED Queen 6 AGE (in years 4 RACE S. DATE OF BIRTH IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD Male Colored 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9 COUNTY OF DEATH WIDOWED | DIVORCED [Washington York. N.Y. and 2 with the Stote 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) Lagerstown Md. 136 IMSIDE CITY LIMITS? 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c C TY OR TOWN 3e STREET AND NUMBER 21 Pennsylvania Hagerstown YES NO [after ltem. IS. MOTHER S MAIDEN NAME 14 FATHER'S NAME Unknow Unknow hours pages Exominer's 16g WAS DECEASED EVER N., S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT This certificate should be executed within (Yes, no, or unknown) 214-16-0319 Mrs. Juanita C. Queen 621 Penna <u>8</u> APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21g EXTERNAL CAUSE WAS 21b TiME OF IN. JRY Month, Day, Year 3 should 21c HOW INJURY OCCURRED (Enter pature of injury in Part 1 or Part 2 Item 18.) PRIMARY OR CONTRIBUTING HOUR A M cremotion, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21d IN.JRY OCCURRED 21f. LOCATION Street or R.F.D. Na (ty of Town County State factory, affice building, etc.) Poge WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described obave, held on Autopsy ... Inspection 🔀 Inquiry [and in my opinian death resulted from: Natural couses X Accident Suicide Homicide Undetermined monner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER (X **EXAMINER'S** 5 may O FUNE Health ADDRESS(Street, city, town, or county) NAME (Type 23c NAME OF CEMBERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) Rose Hill Cemeterv 24. FUNERAL DIRECTOR 25g RECD BY REG STRAR 25b REGISTRAR S S GNATURE VR A15ME (5) 10M REV 1768



farbant completely filled in by the funeral he se remove tarban papers. Pages I and 2 and many event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificace be executed within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic director, page 3 shauld be detached far use as the burial-transit permit. Then place should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, a

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

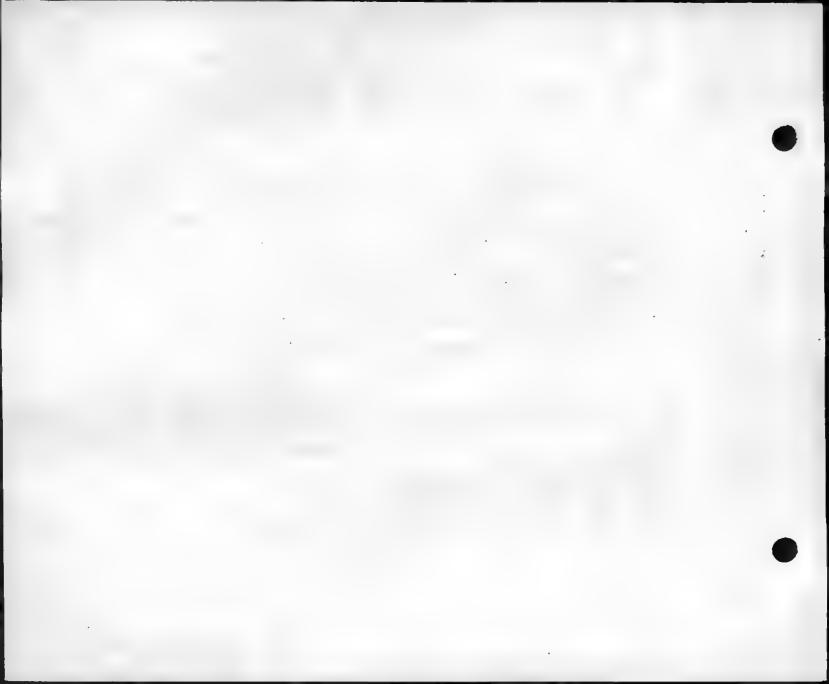
,,,	901	44.	INESTO	14 511	KEEL,	DALIMONLY	874
(CERT	IFI	CATE	OF	DEA	TH	

18405

2 F.			ECEASED-NAME	First		Middle		Lasi		2g DATE C			2b. HOUR
uneral 1 and 1r deat		(1	Type or print)	Manri	ce	Irving		Reece			December Do	5 1968	М
1 - E		3 SE	X		4. RACE			5. DATE OF BI	IRTH		6. AGE (In years		IF UNDER 24 HRS.
the sees	1		Male			White		Septe	mber 4.	1889	last birthday) YRS	MONTHS GAYS	HOURS MIN.
P. Our	1	7o	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF V	WHAT COUNTRY?	8 MARRIED	☐ NEVER MAR		COUNTY O	F DEATH		
ers.		COUR	rooklyn.	V.U.	1	ISA	WIDOWED		RCED	W	ashington		Md
pa b iii /			CITY OR TOWN OF			NAME OF HOSPITAL OR IN	STITUTION (If r	not in hospital		OCCUPATIO	N (Kind of work done	12b. KIND OF B	JUSINESS OR
with a			Funksti	วเมห.	give	e street oddress) 37 W_Ba	timor	e Sta	during mas	ing C	g life, even if retired) ontractor	INDUSTRY Suit	dings
grzene completely se remove carban namany event, wit		13a.	USUAL RESIDENCE	(Where deceas	ed lived, if institu	utian: Residence before	13c City Of		13d INSIDE CITY LIM!	1TS? 13e 5	TREET AND NUMBER	-	
eve eve		oom	STATE Maryla	and	Wash	inaton	Funks	town	YES X NO	37	W.Baltimo	re St.	
Temp A	П		FATHER'S NAME	First	Middle	Lost	1	5 MOTHER'S MA	AIDEN NAME Fire	st	Middle		Lost
R.E.			S	tanleu	M	Reed	ce		Cissie		\mathcal{L}	Ha	rne
8 5		160	WAS DECEASED EV	ER IN U.S. ARM	LED FORCES? ar or dates of service)	16b. SOCIAL SECURITY	NO. 17	INFORMANT			Address		Md.
phys en p aval,			res, no, ar unknawn	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or or other or service,	214-09-80	232 M.	rs.Bob	Creager	37 W	Baltimore		
by the attending physi transit permit. Then pt crematian, ar remaval,						ling for (a), U() and (c)	16120	12.600	Marn	- 6/2	/\		ATE INTERVAL ISET AND DEATH
i			PART 1, DEA	TH WAS CAUSED IMMEDIA) BY; TE CAUSE (a)	HUMIC	011	VEG	4 MION	101	20	1.75	1177
e attend permit. itian, ar i			-11.	1		AS AL CONSEQUENCE OF	17321	orall 1	o H	3 11	1-11,82	812 7.	200 10
office office			Conditions, if on		(6)	0.0160	10116	19014	, 1/12	19/	150119	00/1	11001
ons			rise to immedio stating the undi		DUE TO, OR	AS A CONSEQUENCE OF		V			-		
77 1 ~			last)	(c)								
rificate has been signed d far use as the burial-1 of Kealth prior to burial,			PART 2 OTHER S	IGNIFICANT CO	DITIONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED T	O THE TERMINA	L DISEASE OR CO	NDITION GIV	EN IN PART I(o)		
to to		Z.	420;										
icate has been far use as the Health prior to		FECATION	19a DATE OF OPER	PATION 19b.	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTO	IPSY?		IF YES, WERE FINDINGS C	ONSIDERED IN CER	ETIFYING
th p	X	T.E.						YES 🗌	NO 🗌	LAUS	ES OF DEATH?		
or or lead		L CERT	21a. ACCIDENT W		- 100 111778			IOW INJURY OC	URRED (Enter	noture of inj	ury in Part 1 or Part 2,	Item 18.)	
in the second se		MEDICAL	(If either, notify	medical exami	ner) P.M	. 1	9						
this certi detached e Dept. a		W	21d INJURY OCC While I Not w	JRRED 21e	PLACE OF INJURY	(AT HOME FARM, STREET FA OFFICE BUILDING, ETC.	CTORY) 21f L	OCATION Street	et ar R.F.D. No	Cit	y or Tawn	County	State
det de p			at wark at wo	ork 🖳	2			1-7-	j	21	120 21	10	
of Stot			22a. I certify	that (I) (th	is hospitally est	Armided the deceos	ed from	30	, 19	/, ta_/	(, 19	that i	
- P - 9			saw the	deceased a	IVe on Z	l) (did hat) view the	19 <u>/3 /</u> , an	ia thot in (m death	iy) (our) opin	ion death	accurred on the do	ite and haur a	nd tram the
1			22b SIGNATURE	7)x #	(1) (110) (010	() (day rai) view inc	body direi	000111			220	DATE SIGNED	(1)
<u>\$</u>			100	127	and	N.	, DEG	REE PHYS	NG P ME	D RECTOR	STAFF D	1-11-6	8
XAL DIR page be filed			22d PHYSICIAN'S	V	1/	102016	Ahrl	22e ADD	A	InV	me do	1.01/1 Dus.	1111
FUNERAL DIRECTOR rector, page 3 shaul nauld be filed with th			NAME (Type)	7/	- P- F	-4.1617	7497	- 50	69 101	· 10 /	1100A, 176	C/09 100	oury
o FUNER director,		23a	BURIAL, CREMATIC	ON, 23b	DATE	23c NAME OF					ON (City or Town)	(County)	(State)
户 管(李/1			REMOVAL (Specify	l H	2/18/68	Rest	Haven	Cemete			erstown-Wa		-Md.
VR A15 [4]		24.	FUNERAL DIRECTOR	416	cu . Cr.	100 CORESS			2Sa. REC'D BY		25b. REGISTRAR'S	- 40	
30M REV. 1/68			Rest H	aven Fu	neral C	hapel Hagi	erstown	n.Md.	DATE DE	019	1968 fch	arles In	142.



15M 4-64



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18407 CERTIFICATE OF DEATH

20. DATE OF DEATH

12

1	2	Q.C	蹇
-	1	-	-

1. DECEASED-NAME (Type or print) Vina 3. SEX female

death.

neral

Fed

attending physician and complet permit. Then please remave car

permit.

signed by

r this certificate has been si detached far use as the b ite Dept. of Health priar to b

Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been

physician.

burial, crematian,

ar remaval, and in any event

24 haurs after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Middle Virginia Rhoe 4 RACE

S. DATE OF BIRTH May 18.

Lost

1905 9 COUNTY OF GEATH 8. MARRIED 🔼 NEVER MARRIED

6 AGE (In years Jast birthday)

24

IF UNDER 1 YEAR HOURS

2b. HOUR

7a. BIRTHPLACE (State or foreign country) W. Va.

USA

13b. COUNTY

Middle

white

7b. CITIZEN OF WHAT COUNTRY?

WIDOWED

DIVORCED [1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital

Washington 12a USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)

12b KIND OF BUSINESS OR

MONTHS

Hagerstown

10. CITY OR TOWN OF DEATH

give street oddress) Hospital 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Wash

13c, CITY OR TOWN 3d INSIDE CITY JIMITS? Hagerstown

13e STREET AND NUMBER 59 W. Washington

BETWEEN ONSEL AND DEATH

14. FATHER'S NAME First

odmission) STATE Md

Hammond Allright

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

First

16b. SOCIAL SECURITY NO

Lost

17. INFORMANT

Mamie Lutman

Address

16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)

none

James Rhoe

15. MOTHER'S MAIDEN NAME First

Hagerstown. APPROXIMATE INTERVAL

PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) Conditions, if any, which gave) rise to immediate couse (a) stating the underlying couse

DUE TO, OR AS A CONSEQUENCE O

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a, DATE OF OPERATION

20a. AUTOPSY? YES 🖂

206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. Month Day Year

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (Enter nature of anjury in Port 1 or Port 2, Item 18.)

Stote County

at work t

21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY While Nat while at work

21f. LOCATION Street or R.F.D. No.

22e ADDRESS

City or Town

couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE

220. I certify that (I) (this hospital) attended the deceased from 4/2

ATTENDING DEGREE PHYS.

DIRECTOR

and that in (my) (our) opinion death occurred on the date and hour and from the

22c DATE SIGNED

22d. PHYSICIAN'S NAME (Type) 230 BURIA., CREMATION CLI, TREMOVAL (Specify)

23b DATE 12-27-68

NAME OF CEMETERY OR CREMATORY Provedence Cemetery

LOCATION (City or Town) Providence

24 FUNERAL DIRECTOR

Minnich Funeral Home

sow the deceosed alive on....

Hagerstown, Md.

ADDRESS

2So. REC'D BY REGISTRAR DATE DEC 3 0 1968

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

director, page 3 shauld be filed v



	18395	DIVISION OF VI		FICATE OF DEATH	IIMORE, MARIEAND 21201	18408				
	CEASED-NAME	First	Middle	Last	2a. DATE OF DEATH	2b. HOUR				
(1	Ype or print) GR	OVER	C. R	I CHESSON	Dec. 29, 19	768 Yeor 11:30				
3 SE	Male	4. RACE Whit	е	S. DATE OF BIRTH Apr. 24, 18	6 AGE (In yeors last birthdoy) 80 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. MONTH'S DAYS HOLRS MIN				
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8. MARI	RIED NEVER MARRIED	9. COUNTY OF DEATH					
caur	Penna.	USA		WED DIVORCED	Washington	Md.				
	agerstown		of Hospital or Institution t oddress) Avalon Man	during n	JAL OCCUPATION (Kind of work done nost of working life, even if retired) 16 TY WORKER	12b KIND OF BUSINESS OR INDUSTRY Leather				
13a.		leceased lived of institution		Y OB TOWN OF 13d INSIDE CITY						
14. [FATHER'S NAME First	Middle	Last	15. MOTHER S MAIDEN NAME		Last				
			chesson	Rebecca S	*					
160. Y	(es, no, or unknown) (fye	S. ARMED FORCES? Is give wor or dates of service)	social security no 59-09-6603	Mrs. Eugene	E Lowans Merce:					
		ter only one cause per line fo	or (a), (b), and (c))			APPROX MATE INTERVAL BETWEEN ONSET AND GEATH				
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral throm bosis								
	Conditions, if only, which grise to immediate couse	2414								
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last. (c)									
	PART 2 OTHER SIGNIFICAN		TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)					
**	37.15				* * *					
MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING				
DICAL CER	21o. ACCIDENT WAS UNDED TO RECONTRIBUTING CAUSE Of Called the contribution of the cont	OF DEATH HOUR A.M.	IURY 2 Nanth Day Year	C HOW INJURY OCCURRED (Ent	er noture of injury in Part 1 or Part 2,	Item 18.)				
ME	21d INJURY OCCURRED While Nat while at work	21e. PLACE OF INJURY (AT		If. LOCATION Street or R.F.D. N	•	County State				
	220. I certify that (I) (this haspital) attended the deceased from 9-12, 19-68, ta/2-29, 19-68, that (I) (we) lost saw the deceased alive an 12-27, and that in (my) (wer) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
	22b. SIGNATURE DEGREE PHYS DEGREE PHYS ATTENDING MED. STAFF 12/30/68									
	22d. PHYSICIAN'S O NAME (Type)	loye Al	HOFFME	22e. ADDRESS 2/4 N		lagerstown, md				
230	BURIAL, CREMATION,	23b. DATE	23c NAME OF CEMETER		23d LOCATION (City or Town)	(County) (State)				
	REMOVAL (Specify)	1/1/69	Fairvie			g Franklin Pa				
24	FUNERAL DIRECTOR	3 3/1000	cersburg. F	2So. RES	N REGISTRAR 10 COSb. REGISTRAR	and water				
-	Till. Dim	conser Mel.	caranmR1	DATE		CF.				

VR A15 (4) 30M REV, 1/68

pleose Temove carbon papers. Pages and 2 al, smalin, gny event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. They please cerpon papers. Pshould be filed with the State Dept. of Health prior to burial, cremation, or remorgal, send in Johy event, within 72 hours.

Χ





Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the director, page 3 should be detached should be filed with the Stote Dept. of

deoth.

buriol, cremotion, or removol, and in ony event, within 72 hour

the ottending physicion and completely filled sit permit. Then please remove carbon paper

signed by the ottending burial-transit permit.

d for use as the of Health prior to

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

24 FUNERAL DIRECTOR Minnich Funeral Home Hagerstown, Md. 2Sq REC D BY REGISTRAR

DATE DEC 9

2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15411 Middle 1. DECEASED-NAME First Lost 2o. DATE OF DEATH 2b. HOUR l by the attending physicion and completely filled in with fuheral stransit permit. Then please remove carbon papers. Pages 1 and 2 cremation, or removal, and in ony event, within 72 hours after deoth deoth 12 Month (Type or print) Monroe 2 Poy 6 Steor Rowe 4. RACE 3 SFX 5 DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost (hirthdoy) HDURS white Dec. 14, 1918 female 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔼 NEVER MARRIED 🗌 within 24 hou country) Md. USA Washington WIDOWED | D-VORCED 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) giverstreet oddress) Co Hospital Hagerstown 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 13b. COUNTY Wash . odmission) STATE Md. Hagerstown YEX 926 Salem Ave. 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Lost Charles Spidelle Susan Hart OR ATTENDING PHYSICIAN: The low requires that the death certificate be 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 213-16-1567 Woodrow Rowe Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one couse per_line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by the attendir buriol-transit permit. Convestive IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Incumon (2 rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE QU Page 4 may be retained by the haspital or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to COCC 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 21p. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M Month Doy Year P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 1966, and that in (my) (our) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE 22d. PHYSICIAN'S 22e ADDRESS Charles F. Hess, M.D. NAME (Type) Smith sburg, Maryland 21783 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL, CREMATION, (Stote) (County) BENGVA (Specify) 12-28-68 Rest Haven Cemetery Hagerstown, Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Hagerstown, Md.

DATE C 3

Minnich Funeral Home

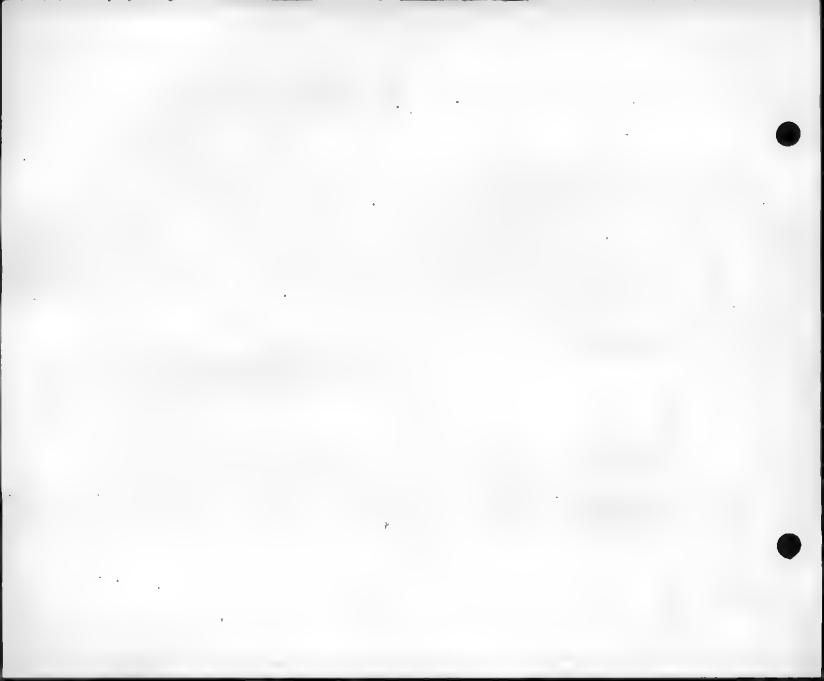
30M REV. 1/68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED NAME First M.ddle 2g. DATE KNOWN Day Year 2b HOUR (Type or Print) OF ESTIny deiay is 2, and 3 to GEORGE JAMISON DEATH MATED 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HOUR iest birthday) MONTHS HOLES Male 12 19 6810:00 YRS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED [D.VORCED [Washington 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR give street address) during most of working ife, even if retired) INDUSTRY Leitersburg Pike PA CHILLY T 13a USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER death. 13b. COLNTY YES NO 7 and 2 ofter 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME Middle JANE DALBY # JOHN ALBERT SARAH hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, na. ar unknown) 235-03-3045 FRANK HARLESS CHARLESTON, WEST 0 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) (Enter anly one cause per line for (a), (b) and (c).)

Basal skull fracture of right tibia and and com - BETWEEN ONSET AND DEATH fractured Sudden PART I DEATH WAS CALSED BY right femur DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, CERTIFICATION be used 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO TO 21b TIME OF NJURY Month, Day, Year 21c HOW INSURY OCCURRED (Enter nature of in usy in Part 1 or Part 2, Item 18.) 3 should 21g, EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING 12-1019 68 Struck by vehicle CALSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF NULRY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State Page AT WORK AT WOR factory, affice building, etc.) Washington, Md 22a | certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry [and in my opinian death resulted from. Natoral causes , Accident 🔀 , Suicide 🗍 Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 52 Howard N. Weeks, Hagerstown **EXAMINER'S** Washington NAME (Type) ADDRESS(Street, city town, or county) 23a. BLRIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) REMOVAL (Specify) 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 1968 VR A15MF [5] HAJERSTOWN. MALYLAND 10M REV 1/68



altr cre cre (1t) (1, 1) (1t) 13 I at 60 6 U . T This is the second of the seco 3.00 3 3 3 4 0 ----- 11: 7- -12

The man and the state of the st

18402

DIVISION OF

•	PRESTON STREET,	, BALTIMORE, MARYLAND 21201	18415
CERTIF	ICATE OF DEA	ATH	
Middle	last	20 DATE OF DEATH	

1 DECEASED-NAME (Type or print)	First Hen:	rV	Middle Bushro	d :	last Samps:	e11		TE OF DEATH Month D	97 -	. 458	8:00
3. SEX		4 RACE			5. DATE OF BI		1	December 6			FUNDER 24 HRS.
male			white			8-1883	3	last birthday) 85 YRS	MONTHS		HOURS MIN.
70 BIRTHPLACE (State	or foreign	7b. CITIZEN OF WHAT O		8. MARRIED I	NEVER MAR			TY OF DEATH	:	<u> </u>	
ountry) Virginia		USA		WIDOWED		RCED 🗍		Washingto	n		Md
10, CITY OR TOWN OF	DEATH erstown	nive street	of Hospital or INS	TITUTION (If no	ot in hospital			ATION (Kind of work done rking life, even if retired.) Man		KIND OF BU	ties
130. USUAL RESIDENC		ed lived, if institution:		13c CHY OR	town stown	13d. INSIDE CITY LIF		30 STREET AND NUMBER		ve.	
14 FATHER'S NAME	First	Middle	Lost			AIDEN NAME FI	irst	Middle			Last
1	Villian	n B. Samp	sell			Nar	nnie	Fuller			
Yes, no, or unknow		ED FORCES? 16b prordutes of service) 2.1	social security in 17-10-9:	364Mr	FORMANT	hn Par	ngbo	rn Hagers	town	,Md.	
18. CAUSE OF	EATH (Enter anl	γ one couse per lips fo	or (a), (b), and (c)	7	4 4					APPROXIMAT BETWEEN ONSE	
PART I DE	ATH WAS CAUSED	BY TE CAUSE (o)	Orlon	wood	humb	rus de	ca of	ับ			
4-3.3.9 DUE TO, OR AS A CONSEQUENCE OF									No.	240.0	2 15
	Conditions, if any, which gave rise to immediate cause (a), (b) (b)									4-61	
stating the uni		DUE TO, UR AS A	-CONSEQUENCE OF	- <	/	5			2	Mune	4,
	lost (1) La reletto relletto										
PART 2. OTHER	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONS								CONSIDE	PED IN CERT	(IEVING	
19a DATE OF OP	200. AUTOPST? YES NO. PT. CAUSES OF DEATH?								CONSIDE	NED IN CER	111111111111111111111111111111111111111
Žia. ACCIDENT	WAS UNDERLYIN	G 216 TIME OF INJ	IURY	21c HC		CURRED (Enter	nature a	of injury in Part I or Port 2	, Item 18	B.)	
S OR CONTRIBUTION	CAUSE OF DEATH	H HOUR A.M. M	Nonth Doy Year 19					. ,		•	
₹ 21d INJURY OC While □ Nati	CURRED 21e.	PLACE OF INITIRY (AT)			CATION Stree	et or R.F.D. No		City or Town	Cour	nty	State
	ot work at work 122a. I certify that (I) (this haspital), attended the deceased from 1967, ta 2005, 1968, that (I) (we) last										
saw the	saw the deceased glive an 1966 5 1966, and that in (my) (our) apinion death accurred an the date and hour and from the										
	stated abave	, (I) (was) (did) (die	Hot) view the	oady after o	eath.				5 1 TH 61		
	226. SIGNATURE DEGREE PHYS. MED. DIRECTOR STAFF 22c. DATE SIGNED 22c. DATE SIGNE										
22d PHYSICHAN NAME (Typ	FU	MK STO	WN	n)	22e. ADD	DNF 1	//	YOVENS	>/£	112	/
230 BURIAL, CREMAT			23c. NAME OF					OCATION (City or Town)	,	inty)	(State)
Bandar		7-1968	Rose I	dill (Cemete			Hagerstown			
24 FUNERAL DIRECTO		ol Veme	ADDRESS	haven 3	ਪੱਟੀ	25a. REC D B		8			- 4
ETHITCI	runei	ral Home	magers.	LOWII, I	ACT .	DATE DEC) J	196B gclu	2764	o Jud	56

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban pages. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 years after death Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18416 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b HOUR First Last (Type or print) Month Joseph Hand Scranton. A RACE S DATE OF BIRTH 6. AGE (in years IF LINDER 1 YEAR 1E LINDER 24 HRS. 3 SEX lost birthdov) MONTHS DAYS HOURS August 17,1908 Male event, within 72 haurs 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED physicion and completely filled in by requires that the death certificate be executed within 24 hou Jergennes, Vermont remave carbon papers. Washington WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Washington Co. Hospital during most of working life, even if retired.)

Locomotive Engineer Railroad Hagerstown 13a, USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LAMITS? 13e STREET AND NUMBER Maryland 1141 Fairview Road YES X NO Hagerstown IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Last Farmer Joseph Hand Scranton. Address Hagerstown, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 7 INFORMANT Yes, No, or unknown) (If yes give war or dates of service) Mrs. Elizabeth Scranton 1141 Fairview Rd 232-01-8275 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Acute nephritis 48 hours permit. 5 cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Hypertensive athrosclerotic cardio-renal Sev. yrs. buriol-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF disease. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? NO 🗔 YES TO O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) FOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INLURY OCCURRED 2Te PLACE OF INSURY / AT HOME FARM, STREET, FACTORY \ 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work couses stated above, (1) (we) (did) (did not) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE < 1/2/69 DEGREE DIRECTOR director, page should be filed 22d PHYSICIAN 22e. ADDRESS NAME (Type) Howard N. Weeks. 580 Northern Ave., Hagerstown, Md 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23a BUR AL CREMATION 23b DATE Rest Haven Cemeteru Hagerstown-Washington-Md. VR A15 250 REC'D BY REG STRAR 30M REV Rest Haven Juneral Chapel Hagerstown, Nd.

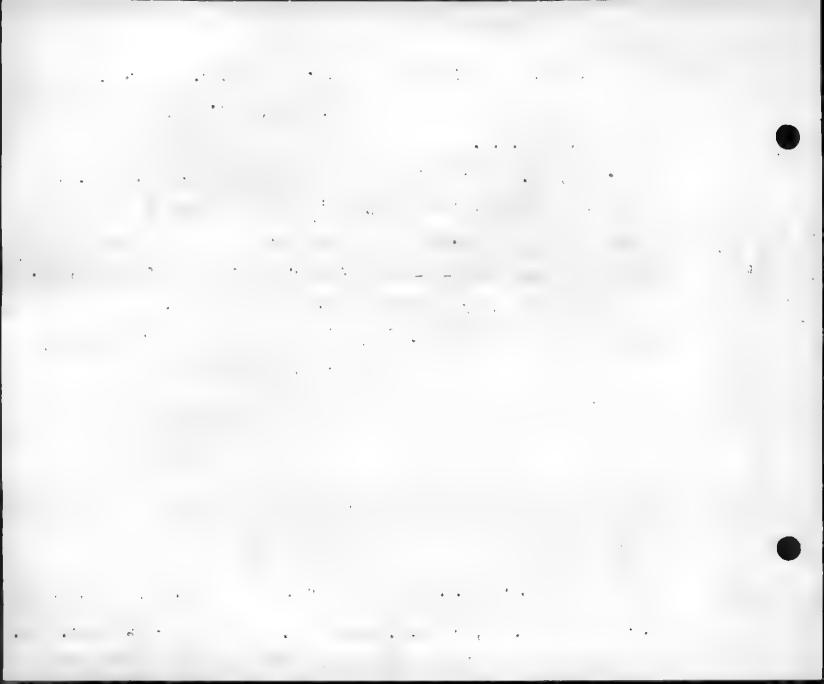


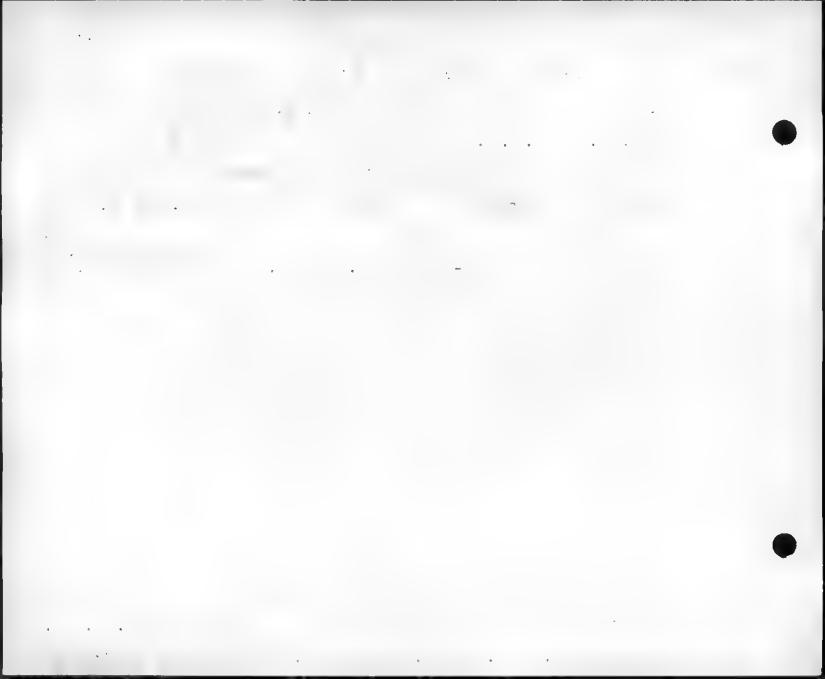
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pag. 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs when death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

	I.O.	基本		C	ERTIF	ICATE OF	DEATH				1041	7
	CEASED-NAME	First		Middle		Lost		2o. DATE	OF DEATH		м	2b. HOUR
(1	'ype or print)	Millard	F	ilmere		Shank		De	C. Mant	y Ugy	1968	M
3 SE	Х	4	RACE			S. DATE OF B	IRTH		6. AGE (I lost birt	n years	IF UNDER YEAR	IF UNDER 24 HRS HOURS MIN.
1	Male_	1	White			Apri	1 14.	1877	7 91	YRS.	MCMIN2 DATE	PRODUKS WITH.
7a (BIRTHPLACE (State	e or foreign 7b (CITIZEN OF WHAT CO	UNTRY?	8 MARRIE	D NEVER MA	RRIED	. COUNTY	OF DEATH			
tuoi	Shankt	own, Md	U.S.A.		WIDOWE		RCED 🔲	Was	hingt	on		Md.
10 (ITY OR TOWN O	F DEATH	11. NAME OF give street o	HOSPITAL OR INST	ITUTION (I	If nat in haspital	120 USUAL	OCCUPATI	ON (Kind of ing life, even	work done	126. KIND OF E	BUSINESS OR
	Big Sp	ring. Md	Rui	raI l			Fer	eman	ret	ired.		Reads
13a odm	USUAL RESIDENC	E (Where deceased to	red, if institution. Re	esidence befare			13d INSIDE CITY LIM		STREET AND	NUMBER		
		and "	Washin		Big		YES NO	77 -	Rural			
14, 1	ATHER'S NAME	first	Middle	Lost			AIDEN NAME Fin	tz		Middle		Lost
	Jaceb			nank		Ange	line		#		ldy	
	es, na, or unknav	EVER IN U.S. ARMED FO wm] (If yes give wor or do		OCIAL SECURITY NO	J. 1	7 INFORMANT	har e	01		Address		M.
	No	Non		9-36-39	341	Miss	Marion	Sha	ink E	ig Si	oring.	LATE INTERVAL
		DEATH (Enter only one EATH WAS CAUSED BY:	couse per line for	(a), (b), ond (c).)			,	12			BETWEEN ON	ISET AND DEATH
	. 2 .	IMMEDIATE CA	, (nyen	CA S	luc 46	ulki	7 /) WR W.	1.0	300	_
	+10	iny, which gove)	DUE TO, OR AS A CO	3	0		01 0	2 /	1 .	- /-		
		into cours (a)		van U	<u>V</u>	genera	Kizeil	w	Turio.	selle	4 30.	24
	stating the unlest.	derlying couse	DUE TO, OR AS A CO	- 4	- 14	leive	20.00	<i>(</i>				1
	PA	SIGNIFICANT CONDITION	(C)				DISEASE OP CO	MINITION C	IVEN IN DADT)(a)		
		rusto fic	Cy Mel 7			ulcujn		AIDITION O	TEG IN LAKE	1(0)		
NOIL	19a. DATE OF OF		ITION POR WHICH OP			20a. AUT		20b	IF YES, WERI	FINDINGS CO	ONSIDERED IN CE	RTIFYING
MEDICAL CERTIFICATION						YES		CAL	JSES OF DEATH	?		
GR.	210 ACCIDENT	WAS UNDERLYING	216 TIME OF INJUR	RY	21 c.	HOW INJURY OC			injury in Port	l or Port 2, 1	tem 18.)	
S		G CAUSE OF DEATH y medical examiner)	HOUR A.M. Mar P.M.	nth Day Year								
MEE	214 INDIDA V	CC INDED. 23 DI ACI	OF INJURY (AT HON		ORY) 21f	LOCATION Stre	et or R.F.D. Na.	(City or Town		County	State
	While Not of work	William L										
	22a, I certi	fy that (l) (this he e deceased alive stated abave, (l)	spita l) attended	I the deceases	d fram_	Sept a	3 , 19.60	£, ta_	Dec.	, 19_	65-, that	(I) (we) last
	saw th	e deceased alive	on C/CY	519) بِسَامِنِدُ (معلم برامه	and that in (n	ıy) (our) apın	iian deat	h accurred	on the da	te and haur o	ind fram the
	22b. SIØNATVRI	Sidied andve, (i)	twe) (ma) (ma)	idi) view ilie b	day and	er ueum.				22r [DATE SIGNED	
	5.0	0 111	QN/1		DI	EGREE PHYS	NG ME	ED RECTOR [STAFF PHYS.		2-10-	64
	22d: PHYSICIAN		17/1/10			22e AD		ALCTOR .	11113.			~ 0
	NAME (Ty)	e) Edward W	.Ditto M	.D. 111		21'	/W.Wash	ingto	n St.	Hager	stown, Ma	aryland
23a.	BURIAL, CREMA	TION, 23b. DATE		23c. NAME OF C	EMETERY	OR CREMATORY		23d. LOC	ATION (City or	Tawn)	(County)	(State)
	Buria	De De	c. 12.19	968 St	_ P	auls C	em.	Was	tern	Pike	Wash	Md
24.	FUNERAL DIRECT	OR O		ADDRESS			2So. REC'D BY	REGISTRA	25b.	REGISTRAR S	SIGNATURE	
1	Man	- A House	0 // 07.		· .	7.7.3	DATE DEC	1 6	1968	yula	was Que	dar







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18420 CERTIFICATE OF DEATH DECEASED NAME Furst Middle Last 20. DATE OF DEATH 2b HOUR death (Type or print) Harold William Sigler December 91:00A A PACE 6. AGE (in years 3. SEX S. DATE OF BIRTH FUNDER LYEAR IF UNDER 24 HRS lost birthdoy) DAYS HOURS MONTHS Male Jan.16, 1908 White YRS 11 70 B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED IN NEVER MARRIED Middletown, Md. DIVORCED [lease remove carbon poper within 72 U. S. A. Washington ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress)
Rfd. 2 during most of working life, even if retired)

Maintaince INDUSTRY Boonsboro ircraft event. 13g. US.A. RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE

Maryland Washington NO __ loonshore Rfd and in ony 14 FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Middle Lost John Sigler Bowlns Lucy 16g WAS DECEASED EVER IN U.S ARMED FORCES? 16b SOC-AL SECURITY NO 17 INFORMANT Address the attending physid isit permit. Then ple Yes, no, or unknown) I (If yes give war or dates of service) or removal, 211-10-1331 Mrs. Francis R. Sigler Rfd 2 Reenshore 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH 02 C) 20 C22 burial, cremotion, Conditions, if any, Which gave) burial-transit rise to mmed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) os the 1 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO IN YES [ed for use of Health r 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) be detached (AT HOME FARM, STREET, FACTORY) 2 d (NUURY OCCURRED 2)e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (!) (this haspital) attended the deceased from PALL, 1964, to deceased on the deceased of the sow the deceased of the one of the deceased 3 should with the S d'd not view the body after death couses stated above. (1) (we) (did 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** D!RECTOR PHYS.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, poge s should be filled

cecuted within 24 hours after death

requires that the deoth certificat

Munerol

completely filled in

on and

signed by

24. FUNERAL DIRECTOR

ZZd. PHYSICIAN S NAME (Type)

23a BURIAL, CREMATION,

PEMOVAL (Specify)

John M. Bast, Jr. 112 N. Main St. Boonsboro

29- 68

23b DATE

chlare

NAME OF CEMETERY OR CREMATORY

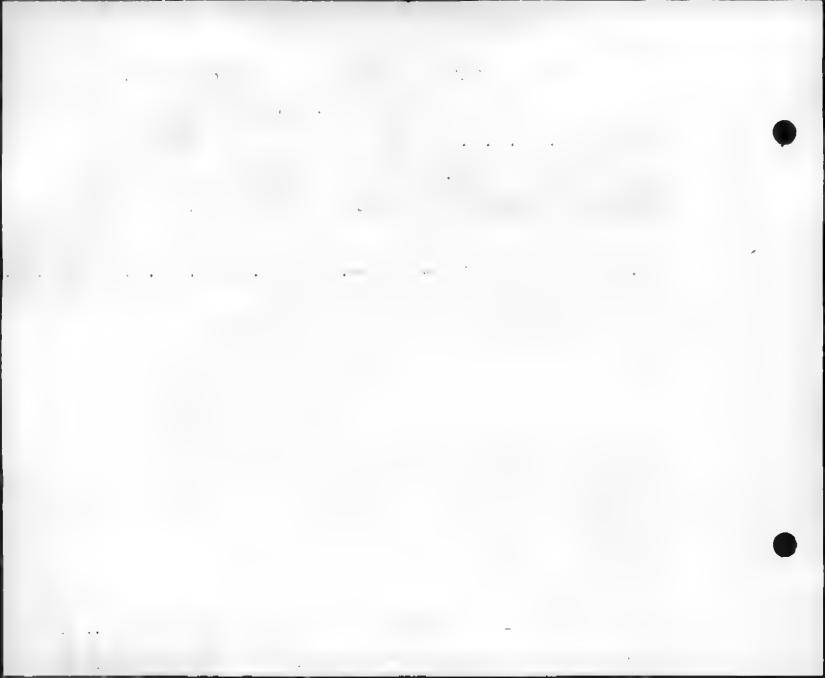
Boonsboro Cometery

Boonsboro. Wash. REGISTRAR'S SIGNAT

(County)

(State)

23d. LOCATION (City or Town)



figureral and 2 deoth.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in b director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corban papers should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 ha

VR A15 (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

Page 4 may be retained by the hospital or attending physician.

24 hours ofter deoth.

	上门上上	3			CERTIFI	CATE OF	DEATH				TO	- <u>F</u> &	-
	ECEASED-NAME Type or print)	First Edwi	in	Middle Bruce	Sı	last n i t h			of DEATH	2 70gy	1966		2b. HOUR
3. SE	male		4. RACE	white		S DATE OF BI	RTH 19,	189	6. AGE (In	years	IF JNDER † YEJ	IR IF L	JNDER 24 HRS.
7a l caul	BIRTHPLACE (State on ntry) Maryl			WHAT COUNTRY?	8. MARRIEC	NEVER MAR	RIED S		OF DEATH	n			Mc
Ιa	city or town of c gerstow	'n	gıv	NAME OF HOSPITAL OR I	. Hos	pital			ION (Kind of wo inglife even if Derato:		12b. KIND INDUSTRY	OF BUSI	ness or road
13a. adm	USUAL RESIDENCE (Issian) STATE M	Where decease	d lived, if instit	Wash.	Hage	rstown			. STREET AND NU 523 J		rson	St	•
	FATHER'S NAME		Middle Smi			IS. MOTHER'S MA			Boward			1	Last
16a.	. WAS DECEASED EV (es, na, ar unknown) 110	ER IN U.S. ARME	ED FORCES? r or dates at service)	705-10-		INFORMANT Ellen	Smith	ı, He	agerst	Address own,			
		H WAS CAUSED		line far (a), (b) and (and	ilius				APP GETWE	ROXIMATE EN ONSET	INTERVAL AND/DEATH
	Canditions, if any	e cause (a),	(b)	R AS A CONSEQUENCE O		:			-				
	stating the unde	X	(c)	R AS A CONSEQUENCE O			action and		-2/61 h. GART 1/				
NO.	Pneumo	onia,	corona	ary arter	y dis	ease,	emphy	sema					
CERTIFICATION	19a. DATE OF OPER			VHICH OPERATION WAS I		20a. AUTO YES	NO 🗆	CAL). IF YES, WERE F USES OF DEATH?			N CERTIF	YING
MEDICAL CE	21a ACCIDENT W. OR CONTRIBUTING (If either, natify r	CAUSE OF DEATH	HOUR A.M	Λ.	17 19	HOW INJURY OCC		nature af i	injury in Part 1 o	ar Part 2, It	rem 18.)		
×	21d. INJJRY OCCL While Not wh at work at wa	rk		AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.					City ar Tawn		Caunty		State
	causes st	that (I) (this deceased ali ated above,	ve an (i) (vxe) (dia	ttended the decea 12/27/ d) (che not) view th	sed from 19 <u>68</u> , a e bady afte	L2/25/ nd that in (m r death.	, 19 <u>_6</u> y) (延界炎 pin	8_, ta_ nian deat	12/27/ th accurred a				(3626) fas I fram the
	22b SIGNATURE		sevel 1	1 Weeks	M.D DEC		ZKLI DII	ED RECTOR [STAFF PHYS.		ATE SIGNED		
	22d PHYSICIAN'S NAME (Type)			. Weeks			RESS 580			Ave.,	Mar	yla	
	BURIAL, CREMATIO BEMOYAL (Specify)	12	2-30-6	8 Rose	Hill	Cemet	ery	Ha	ATION (City or To	wn,		(!	State)
24.	FUNERAL DIRECTOR	h Fune	eral H	ome, Hag	ersto	wn, Md	2SG RECD BY DATE DEC	3 1	1968 A	Clas	SIGNATURE	uda	4



DECEASED-NAME

(Type or print)

FEMALE

country)
MARYLAND

10. CITY OR TOWN OF DEATH

HAGERSTOWN

Yes, no, or unknown)

admission) STATE

14 FATHER'S NAME

7o. BIRTHPLACE (State ar fareign

3. SEX

EMMA

First

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 -18422CERTIFICATE OF DEATH Lost 2o. DATE OF DEATH Middle First 2b HOUR DECEMBER Month 15 Doy 12.40 SMITH JANE 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthday) MONTHS HOURS 1878 WHITE FERUARY 26. 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED WIDOWED X DIVORCED WASHINGTON 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of yorking Life, even if retired.) 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. GTY OR TOWN 3d INSIDE CITY JIMITS? 13b. COUNTY HAGERSTOWN N. MULBERRY ST Middle Lost 15. MOTHER'S MAIDEN NAME First Lost UNKNOWN **JEROME** CAROLYN PRITNER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 227 Address N MULBERRY ST. 213-10-6892 BMR. CLAUDE SMITH HAGERSTOWN APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
CAYS 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY.
CORED TO LINE (A)
CO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Hypertensive Cardiov ascular Disease 18 years Conditions, if any, which gove) rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse NSIDERED IN CERTIFYING em 18.) (AT HOME, FARM, STREET, FACTORY,) 21f, LOCATION Street or R.F.D. No. City or Town County State 19 68 to Dec 15

PART 2 OTHER SIGNIFICAN Urinary Tra	ct Infection. Hemorrha	RELATED TO TH	e terminal disease m G.I.Tr	se or conditionact (N	ov 68)
	19b. CONDITION FOR WHICH OPERATION WAS PERFO	RMED	20a AUTOPSY? YES		20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?
21a ACCIDENT WAS UNDE		21c HOW	INJURY OCCURRED	(Enter noture	of injury in Part 1 or Part 2, Ite

CERTIFICATION OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY While Nat while at work

22a. I certify that (I) (Max Max Max Max) attended the deceased from Nov 18 saw the deceased alive on Dec 14 19 68 and that in (my) (now) opinion death accurred an the date and hour and from the causes stated above, (1) (xxxxxxx) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED

STAFF PHYS DEGREE PHYS DIRECTOR 22e. ADDRESS NAME (Type) 301 ANTIETAM ST., HAGERSTOWN, MD. WILLIAM T. LAYMAN, M.D. E

23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230 BUR AL, CREMATION REMOVAL(Specify) 12/18/68 HAGERSTOWN. WASHINGTON. REST HAVEN CEMETERY 2Sq. REC'D BY REG STRAR 25b. REGISTRAR'S SIGNATURE ADDRESS

24. FUNERAL DIRECTOR HAGERSTOWN.

MARYLAND

DATE DEC 20 1968 Ochanda

Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been director, page 3 should should be filed with the VR A15 (4) VR A15 (4) 3 30M REV. 1/68...

within 24 haurs after death.

PHYSICIAN: The law requires that the death certificate be expected

retaove carban papers. I any event, within 72 h

and in any physician and denoted the please removed

as the

far use

compley



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PRESTON STREET, BALTIMORE, MARYLAND 21201 18423

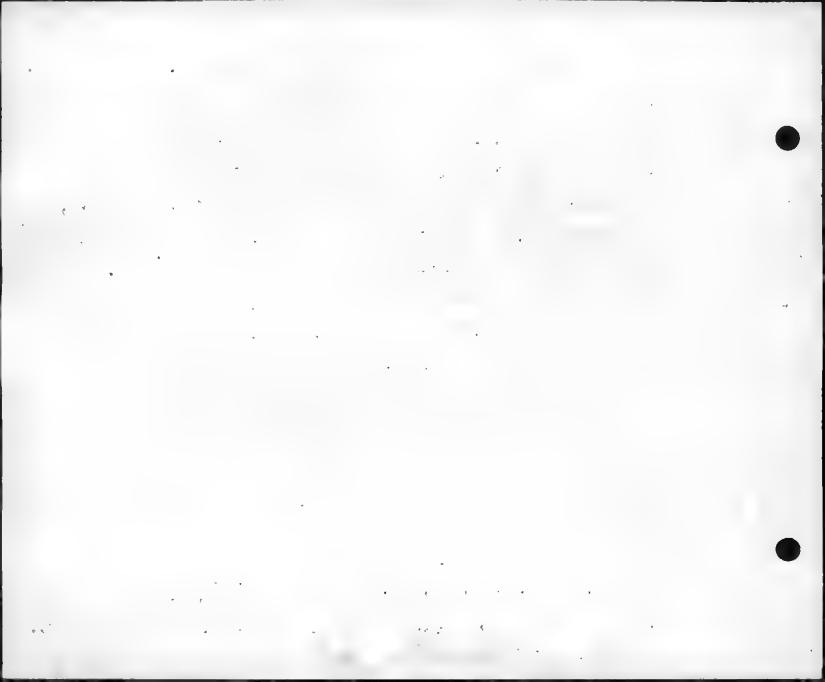
ع ہے تے ایک	()			CERTIFIC	ATE OF D	EATH			2. 0 1. 1.	, 0
DECEASED-NAME (Type ar print)	GLËND	ORA	GER TRUL	E SN	YDER	ĎΉ	DATE OF DEATH.	3 pt/9	68 _{rear}	PA HOUR
FEMALE		4. RACE WHI	TE		S. DATE OF BIRTH	7/1890	6. AGE (In y		UNOER 1 YEAR NTHS OAYS	IF UNGER 24 HRS. HOURS MIN.
o BIRTHPLACE (State of COUNTY OF THE COUNTY		76. CITIZEN OF WH	•A •	WIDOWED			INTY OF DEATH WASHINGT			Mo
HAGERST	OWN	WAS	ME OF HOSPITAL OR IN	STITUTION (If no TY HO)	ot in haspital SPITAL	12e USUAL OCCI durin	UPAT ON (Kind of wor	k dane etired)	126 KIND OF E	
13a USWAL RESIDENCE (admissionMARY I	Where deceased AND	lived, if institute 13b COUNTS		13c CITY OR HAGER		INSIDE CITY LIMITS?	130. STREET AND NUM	MBER HILI	L AVE	•
14. FATHER'S NAME	First ARLES	Middle D. 1	Lost WAGAMAN	15	. MOTHER'S MAIDE	N NAME First LUIA	M	liddle	LANTZ	Last
16a. WAS DECEASED EVE Yes poar unknown)	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY 216-22-7		NFORMANT			ON:RSI		
Canditians, if any, use to immediat stating the under	H WAS CAUSED IMMEDIATI which gave e cause (o), lying cause	BY: E CAUSE (a) DUE TO, OR A (b) DUE TO, OR A		al (2 thr un'pl	esia		Couplet ON GIVEN IN PART 1(a)		BETWEEN ON	days ays
190 DATE OF OPERA	ATION 196 CC)NDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY) NO (4-	20b. IF YES, WERE FII CAUSES OF DEATH?	NDINGS CONS	IDERED IN CE	RTIFYING
21a ACCIDENT WA	CAUSE OF OEATH	HOUR A.M.	INJURY Manth Day Year		W INJURY OCCUR	RED (Enter natur	e of injury in Part 1 ar	Part 2, Item	n 18.)	
While Not wh	IRRED 21e. Pl	LACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f LO	CATION Street a		City or Town		aunty	State
saw the c	deceased aliv	ve on De	ended the deceas (did nat) view the	19 <u>68</u> , and	thot in (my)	, 19 <u>6</u> &, (ou r) opinion	to 1)2 C & death occurred on	, 19 <u>_6</u> the date	and hour a	(I) (we) las
22b SHONATURE Clu a 22d PHYSICIAN'S NAME (Tyr		W. Dit	to. III. M	DEGR	11113		Washingto] /1 n Stre	esigned -9-6 et	8-
23a. BURIAL, CREMATION	N, 23b. DA		23c. NAME OF	CEMETERY OR		23d.	LOCATION (City or Tox GERSTOWN	wn) ((Caunty)	(State)
24 FUNERAL DIRECTOR	Mide	Th	ADDRESS ACALON	HILL	1 25	g. REC'D BY REGI ATE DEC 1	STRAR 2Sb. REC	WAS	NATURE	MD.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remake carbon papers. Lages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 pages.

be exacted within 24 laurs after leath.

O HOSPITAL OR ATTENDING PHYSICIAN: TIM law requires that the death certificate,

Page 4 may be retained by the haspital or attending physician.



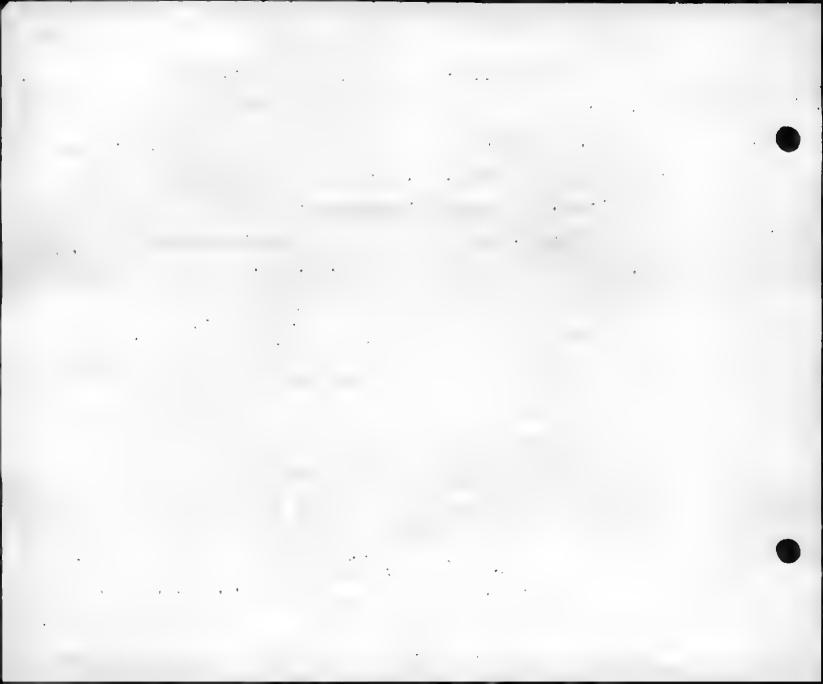


hours ofter death.

law requires that the deoth certificate be executed

attending

Page 4 may be retained by the hospital or



CERTIFICATE OF DEATH

18426

2b. HOUR A 1. DECEASED-NAME Middle Lost 2a, DATE OF DEATH LORENA Dec. 12, 1988 (Type or print) STEIGER 3:30M 6 AGE (In years lost birthday) S. DATE OF BIRTH 3. SEX 4. RACE EF UNDER 1 YEAR White Apr.16,1899 Female 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Franklin Co.Pa. WIDOWED X DIVORCED [Washington USA 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USJAL OCCIPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Avalon Manor during most of working life, even if retired.) INDUSTRY Hagerstown, R.D. | Give street organiss of Manor | Give street organiss of Manor | Give street organism | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN | 13d MISIDE COUNTY | 13b COUNTY | 1 Apparel 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER 112 S.Prospect IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Mary Catherine Narcleroad George Cover 4611 Gummaford Rd. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Yes po, or unknown) (tyes give wor or dates of service) 203-10-6498 Ralph D. Myers College Park, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) My ta Sta the Cartinovana, a ladom in al-2 6 mio -DUE TO, OR AS A CONSEQUENCE OF probably from Colon Conditions, if any, which gove) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Explorators lagaratoris 1274/68

[200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d INJURY OCCURRED While Not while at work 1216. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. City or Town County State 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS STAFF PHYS The It I form lake he D DEGREE 12-13-1968 22e. ADDRESS 154 WAST WASHINGTON ST. NAME (TYPE) JOHN H. HORNBAKER, M.D. HACKERSTOWN Md. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE (County) Fairview Cem. Mercersburg Franklin Pa. 250 REC'D BY REGISTRAR

VR A15 (4) 30M REV 1/6B

director, page 3 should be filed v

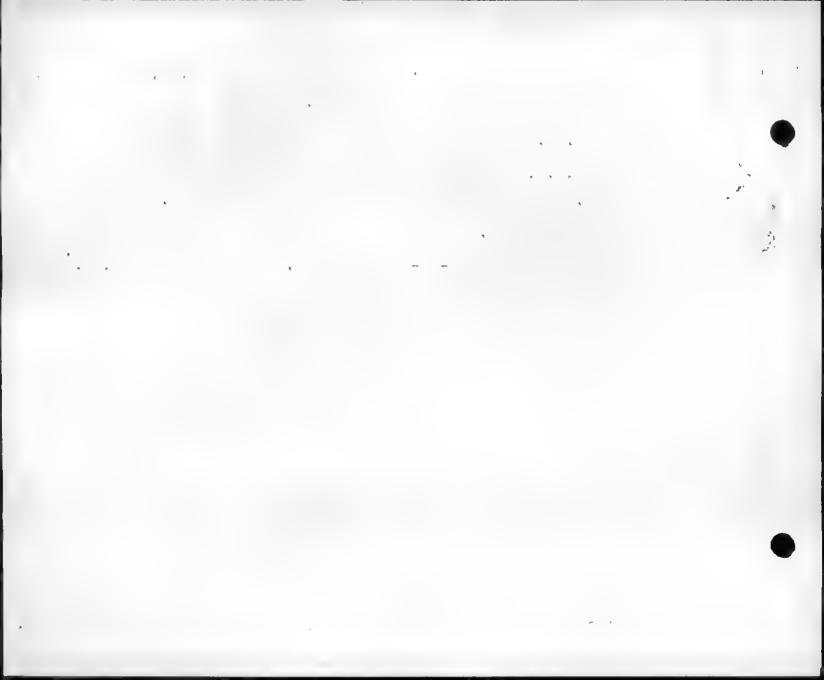
O FUNERAL DIRECTOR: After this certificate has been

signed by the attending physician and campletely filled in by the f burial-transit permit. Then please remave carbon papers. Pages burial, cremation, ar remaval, and in any event, within 72 hours afte

requires that the death certificate. be

1968

25b. REGISTRAR'S SIGNATURE Minne



184 2 4 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle	Lost		20. DATE OF DEATH		2b. HOUR
1	Type or print)	ELIZ	ABETH	YOCOM	STICKNE	EY	DECEMBER Month 1	.1 Poy 68 Year	9 a ^M
3. SI	Χ		4. RACE		5 DATE OF		6. AGE (In ve	Ors IF UNDER 1 YEA	AR OF JINDER 24 HRS
	FEMALE		W	HITE	DECEN	BER 11.	1902 65	YRS. MONTHS DA	YS HOURS AMIR,
70.	BIRTHPLACE (State of	r foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER N		COUNTY OF DEATH	7100	
COU	NEW YOR	K	17	.S.A.		ORCED	WASHINGTO	1M	Md.
	CITY OR TOWN OF DE			11 NAME OF HOSPITAL OR IN		120 USUAI	L OCCUPATION (Kind of work	k done 12b, KIND	OF BUSINESS OR
-	HA JERSTOW			give street address), EST	DRITE	SEC.	st of working life, even if re ETARY	etired INDUSTRY GAS	
	USUAL RESIDENCE (1 Ission) STATE	Where deceos	ed aved, if i 13b. COU	nstitution; Residence before	13c. CITY OR TOWN	13d INS DE CITY I'M			
-	MAR	YLAND	100. 000	WASHINGTON	HAGERSTOWN	YES NO	□ 1704 C' E	ST DRIVE	
14	FATHER S NAME	First	Mic	idle Lost		MAIDEN NAME FI	rst Mi	iddle	Eost
		LLIAM		MARD MERSERI		ELI	CABETH		OCOM
160	WAS DECEASED EVE		MED FORCES?	16b. SOCIAL SECURITY			1704 Ad	Idress CT.EST D	R.
L	(es. no, or unknown)	() , , , ,		136-26-82	291 MRS. WA	CEN JOH	HNSON HAJELST		
Г	18. CAUSE OF DEA	ATH (Enter on	ly one couse	per one for (a), (b), and (c))			APPE BETWE	POX MATE INTERVAL EN ONSET AND DEATH
ı	PART I. DEATH	I WAS CAUSEI IMMEDIA) BY: NTE CAUSE (0)	subarz	chnoid	Hemo	hrzgan	24	5 min -
	4300	7		, OR AS A CONSEQUENCE OF				1	
L	Conditions, if ony,		(h	Arterio	sclorati	C 1/52	C . D 1526	360 :	
1	rise to immediate stating the under			OR AS A CONSEQUENCE OF					
Ł	lost.)	(0	1					
1	PART 2. OTHER SIG	SNIFICANT CON			OT RELATED TO THE TERMI	NAL DISEASE OR CO	ONDITION GIVEN IN PART 1(o)		
-	COOK								
MTI OI	190. DATE OF OPERA	TION 19b	CONDITION FO	OR WHICH OPERATION WAS PE	RFORMED 20d AL	TOPSY?	206 IF YES, WERE FIN	IDINGS CONSIDERED II	N CERTIFYING
CERTIFICATION					YES	NO P	CAUSES OF DEATH?		
	210 ACCIDENT WA	S UNDERLYIN	IG 21b T	ME OF INJURY	21c. HOW INJURY	OCCURRED (Enter	noture of injury in Part 1 or	Port 2, Item 18.)	
AEDICAL	OR CONTRIBUTING [Ot AA		•	. ,	,	
MED	(If either, notify m 21a, INJURY OCCU			JURY / AT HOME, FARM, STREET, FA		reet or R.F.D. No.	City or Fown	County	Stote
	While Not who	ie 🗀		OFFICE BUILDING, ETC	, , , , , , , , , , , , , , , , , , , ,		211 01 1000		374.4
	22g Certify	that (1) (tK	X Koxalifat	attended the deceas	ed from (-#)	196	3, to 1) ec .//	19 6 F 11	ant (I) (huh) last
	saw the c	eceased a	ive an _	D & C . //	9 6 8, and that in (my) (001) apin	nian death accurred an	the date and ha	ur and fram the
	causes sta	ated abave	e, (I) (we)	(did) (did met) view the	bady after death.	77 (1111)			
	22b. SIGNATURE			1 1 11	ATTEN	DING ME	ED STAFF	22c. DATE SIGNED	
	Kas	Int (<u> </u>	Lollon	DEGREE PHYS	الا لجا	RECTOR PHYS.	12/12/6	8
	22d. PHYSICIAN'S NAME (Type)	TIC	377 1/	Thomas as a		DDRESS	SAC CO IIA TI	OFFICE MO	
	Mayor (1 thet	LLC	ID A	HOFFMAN, M.D.	. 1214	N POTOI	AC ST., HAJER		0
230	BURIAL (REMATION	l, 23b	DATE	23c NAME OF	CEMETERY OR CREMATORY	ORY	23d 10(ATION (City or Tow	vn) TTT (County)	(Stote)
	REWEIT	ON O. I	2/14/0	<u> 1,9, 49,7</u>	<u>, 6년) 로메트(</u>)	7 1	F (17 17 10 3	1111162	
24	FUNERAL DIRECTOR	/)		ADDKESS		2So. RECD BY	REGESTRAR 2Sb REG	ISTRAR'S SIGNATURE	
	Kailes m	TRUCK	12/	HAGERST(DWN. MARYLAN	DATE DATE	C16 1968 %	Charles (udal

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.

Page 4 moy be retained by the hospital or attending physician.





•

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18429 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED-NAME M. ridle First 20 DATE KNOWNS Month (Type or Print) EDWARD JOHN STONESIFER DEATH MATED P.M.3. Page o. 3 SEX Male IF UNDER 1 YEAR IF UNDER 24 HRS. 6 AGE (n years 2c DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d HOUR MonDecember 1-11-1906 62 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Corroll Co U.S.A. WIDOWED [DIVORCED [Washington Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSDAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR give street oddress) Washington Co. Hospital Trackman Hagerstown 130 USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER and 2 with Tanaytown R.D.2 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John A. Stonesifer Minnie Fleagle .= hours be forwarded to the Chief Medicol Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT b executed within (Yeshing or unknown) (1/yes give wor or doins of service) 705-/0-5297 Blenora K. Stone sifer Tane ytown Md. 出 within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). This certificate shauld please execute the certificate, writing the word stating the underlying couse DUE TO OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of ajury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY Month, Day Year 3 should 4 should PRIMARY TO OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street 21f LOCATION Street or R.F.D. No. City or Town County Stote 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem factory, affice building, etc.) AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy , inspection Inquiry [ond in my opinion the funeral director. Natural causes Accident . Suicide . death resulted fram-Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED 1/1/69 ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) ADDRESS(Street, city, town, or county) WASHINGTON 230 BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 1-3-69 Keesville, Cemetery Keesville, Maryland Raymond Appress reager 250 REC D BY REGISTRAR 25b REGISTRAR'S S GNATURE VR A15ME (5) Thurmont, Md. DATE IAN

C

remove pleose signed by the burial-transit p O FUNERAL DIRECTOR: After this certificate hos been os the detoched Page 4 may be retoined director, poge 3 should be filed v VR A15 [4]

Poert 1 and 2

corbon papers. completely filled in

3. SEX

within 24 hours after deoth

execution of

requires that the death certificate be



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18418 18431 CERTIFICATE OF DEATH DECEASED-NAME Farst Middle Last 2a DATE OF DEATH 2b HOUR (Type or print) Month . George W. Strain S DATE OF BIRTH 3 SEX 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) Male Colored BONTHS HOURS March 14 1893 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED A NEVER MARRIED country) North Carolina U.S.A Washington WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR grye street oddress) 43 E. (Williamsport Md. during most of warking life, even if retired) Brick Yard Church St. 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER ddmission) STATEMarvland 13b COUNTY Washington Williamsport YES X E. Church St 14 FATHER'S NAME Lost IS MOTHER'S MAJDEN NAME First Middle Last Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 43 E Cherch MQLIGa Mrowull 216-07-6993 Mrs. Arlene Strain Williamsport. APPROX'MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 1111 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF YNJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING THEAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M. 21d. THURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STRET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn State County While Not while at work 22a. I certify that (1) (this the latended the deceased from Aug. 19 , 1958 , ta Nov. 8 , 1968 , that (1) (va) last saw the deceased alive an Dec. 9 1968 , and that in (my) (500) apinian death accurred an the date and haur and from the saw the deceased alive an Dec 9 1968, and that causes stated abave, (1) (we) ded do not view the bady after death. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR STAFF PHYS Dec. 9. 1968 DEGREE 22d. PHYSICIÁN'S 22e ADDRESS NAME(Type) M. E. Byrkit, M. D. Williamsport, Maryland 21795 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (State) BIREMONAL (Specify) Dec. 12-68 Riverview Cemetery Williamsport Wash. Md

O FUNERAL DIRECTOR: After this certificate has been

completely filled in by the fun ove carbon papers. Poges 1 y event, within 72 hours ofter o

please remove carbon

signed by the attending phy buriol-transit permit. Then

‡

for use

executed within 24 hours ofter

low requires that the deoth certificate

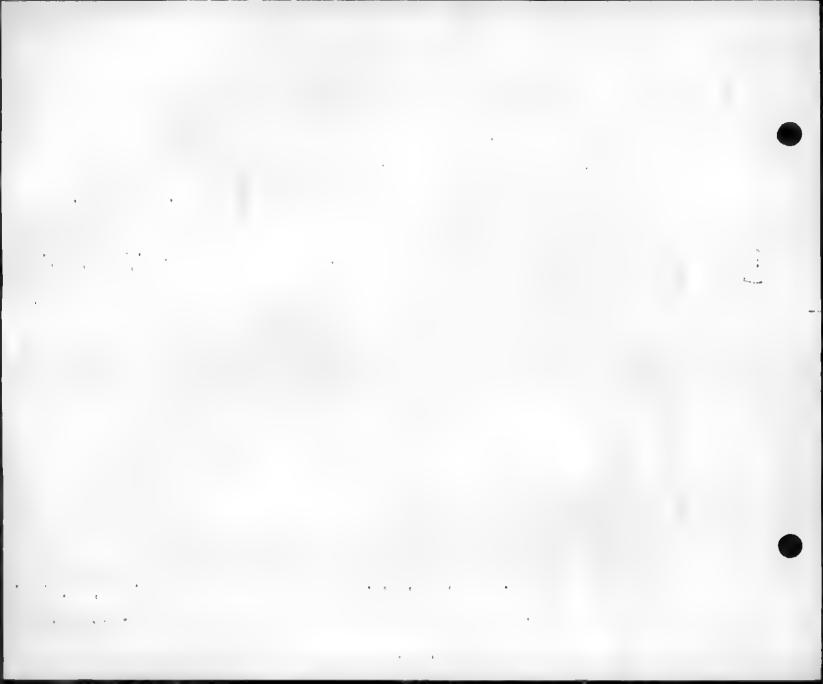
24 FUNERAL DIRECTOR

250. REC D BY REGISTRAR Albert L. Leaf Williamsport Md.

25b. REGISTRAR'S SIGNATURE **1968**

Ochania





10100

MARYLAND STATE DEPARTMENT OF HEALTH

		In ko		SOT W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARTEAND 21201	18433
		CEASED-NAME First ype or print NETTIE	Middle ARBELLA	Lost SWOPE	20 DATE OF DEATH DECEMBER Month 14 Do	2b. HOUR
	3. SE	x FEMALE	4 RACE WHITE	S. DATE OF BIRTH OCTOBER 6, 1	6 AGE (In years last birthdoy) 75 YRS	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS NO
	cour	MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH WASHINGTON	
1		ITY OR TOWN OF DEATH HAJERSTOWN		COUNTY HOSP. GUING	AL OCCUPATION (Kind of work done out of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY OWN HOME
. 1	odmi	STATE MARYLAND	ed lived, if institution Residence before 13b. COUNTY WASHINGTON	HAJERSTOWN A	0□ 848 MARSHAL	
٧		ATHER'S NAME FIRST SAMUEL	M.ddle Lost OLIVER SPESSA		MA	SHANK
	16a Y	was deceased ever in u.s. arm es, no ar unknown) (If yes give w	NED FORCES? 166 SOCIAL SECURITY I	MR. CHARLES V		MARSHALL ST. N. MARYLAND APPROXIMATE INTERVAL
		Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	de la nor
(CERTIFICATION	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES \to NO \to	206 IF YES, WERE FINDINGS CAUSES OF DEATH?	
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examinations)	HOUR A.M. Month Day Year ner) P.M. 19		or noture of injury in Part 1 or Port 2	
	W	While Nat while at work at work	PLACE OF INJURY (AT HOME, FARM STREET, FAC OFFICE BUILDING ETC.	1 0	11	County State
		san the decensed of	K Noshital) attended the decease live on	9/o/Cond that/n (my) (affit) an		
1		22b/signature LUMAN 27d PHYSICIAN'S	d Burg	ATTENDING THE PHYS TO THE PHYS	MED STAFF 220	12/16/68
1		NAME (Type) FICHA		1135 РОТО	MAC AVE. HAGERS	
J.			2/17/68 REST	CEMETERY OR CEMETERY	23d. LOCATION (City or Town) HAGHRSTOWN WAS	(County) (State)
4) /68	24.	FUNERAL/DIRECTOR	ADDRESS HAJERSTOWN	MARYLAND DATE DEC	BY REGISTRAR 25b. REGISTRAR	rea Judge

within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	18	300		(ERTIF	ICATE OF	DEATH				1843	34		
1. DECEASED-NAME First			Middle		Lost			DATE OF DEA		Doy 68 Ye		2b. 1	HOUR	
{	ype or print)	LUCIA	V	TERRY	THOMAS			DE	DECEMBER Month 3 Do)r	4:1	30aM
3. SI	3. SEX 4. RACE					S DATE OF E	IRTH		6.	AGE (in years	IF JNDER		F UNDER	
	MALE		TIHW	E		AUGUS	r 31,	1898	, "9	st birthday)	7-10-11110	DAYS	HOURS	MN
7a I	BIRTHPLACE (State	or foreign	76 CITIZEN OF WH	IAT COUNTRY?	8. MARRI	ED 🐧 NEVER MA	RRIED	9. COU	NTY OF DEA	TH				
COUL	VIRGIN	IIA	U.S.A		WIDOW		RCED 🗀	WA	SHING'	TON				Md.
10. 0	ITY OR TOWN OF	DEATH		ME OF HOSPITAL OR INS	TITUTION	If not in hospital				d of work don		ID OF BE	SINESS	OR.
H	AGERSTO	M	WAS	HINGTON CO	YTNUC	HOSP.	aurung.	TIRE	D'SAL	EMAN tetired	SU	PPL	YS	TIVU
	USUAL RESIDENCE	(Where decease	1.19L COUNTY	on: Residence before		OR TOWN	3d: INSIDE CITY	_		AND NUMBER				
	MA	RYLAND	130. COUNTWA	SHINGTON	HAGE	RSTOWN	YES	NO	831 1	WOODLAN	D DR			
14.	FATHER'S NAME	First	Middle	Lost		15. MOTHER'S N				Middle			Last	
		WILBUR		THOMAS			BLA	NCHE				CHE	LL	
	WAS DECEASED E		MED_FORCES? var bridges of service)	16b. SOCIAL SECURITY I		7. INFORMANT		201 00			WOODLA			
	es, no or unknow			229-10-37	+T [,	RS GIAD	YS THO	MAS	H	AGERSTO		RYL		
		EATH (Enter on		ne for (a), (b) ond (c).	1/2	_	1./		// 7	ff.	BET	NEEN ONS	EF AND D	EATH
,	// / · · ·		ATE CAUSE (o)	Mull	11/19	would	ul o	rfr	uco	W. W.		de	the second	2_
	7/ /			S A CONSEQUENCE OF		1. 7	100	2 . 7	H.	5111		10	010	
	Conditions, if an		(b)	acteu	1-20	recon	e ge	an	Now	ear	1	1,00	The same of the sa	
	stating the und	erlying touse	DUE TO, OR A	S A CONSEQUENCE OF										
	lost. 42		(c)											
	PART 2. OTHER :	SIGNIFICANT COL	NDITIONS CONTRIBL	THE TO DEATH BUT N	OT RELATE	-// . //	46-		//	. ,				
Š	fild.	PECCE LION	men	Mus c	CODMED			ac	dos		CONCIDENCE	Thi cro	TIEVALIC	
CERTIFICATION	19d, DATE OF OPE	KALIUN 190.	CONDITION FOR WHI	ICH OPERATION WAS PE	KHUKMED	20a. AUT			CAUSES OF	WERE FINDING! DEATH?	CONSIDERED	IN CER	HETING	t
	210. ACCIDENT \		and think of		210	. HOW INJURY O	CURRED (En	ter noture	of injury in	Part 1 or Part	2, Item 18.)			
MEDICAL	OR CONTRIBUTING	medical exami	ner) P.M.	Manth Doy Year										
×	21d INJURY OCC While I Not v	URRED 21e.	PLACE OF INJURY	AT MOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 211	LOCATION Stre	et or R.F.D. N	io.	City or T	own	County		5	tate
	at wark ot w	ork 🗀							d	1				
	22a. I certify	r that (I) (Ìth	Kizhaspinal) atte	ended the decease	ed fram.		VACUE 19	48.	to Alk	15/	966	that (I) *	e) last
	saw the	D bezoeseb Vanda hetat:	live an	(did nat) view the	y <i>@.f.</i> , hadv aft	ana inai in (n er death	iy) (ww.) aj	pinian a	Jeath accu	irred an the	date and h	ant at	nd fra	m the
	22b. SIGNATURE		of () they (oray		,						c. DATE SIGNI	D		
		5	Sans	Mundy	D	EGREE PHYS	NG X	MED. DIRECTOR	S	AFF IYS.	12/3/6	8		
	22d. PHYSICIAN'S		1	Here I -		22e. AD					7-1			
	NAME (Type	EDS	ON B MOOI	DY MAD.		363	CLEVE	CLAND	AVE.	HAGER	STOWN.	MD		
230	BUR AL, CREMATI		DATE	23c. NAME OF	CEMETERY	DR CREMATORY		23d.	LOCATION (C	ity or Town)	(County		(State)
	REMOVAL (Specific EUR TA)		2/5/68		VIEW	CEMETER	Y	RI	CHMON		VIR		A	
24.	FUNERAL DIRECTO	R D	,	ADDRESS			DEC	BY REG S	1968	25h REGISTRA	R'S SIGNATUR			
16	Hayes,	11 100	57/-	HAGERSTOW	N. M	MYLAND	MAPO	U	1000	Tonas	CAN YAR		b	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in barthe funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 [4] 30M REV 1/68

n 24 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

Page 4 moy be retained by the hospital or attending physicion.

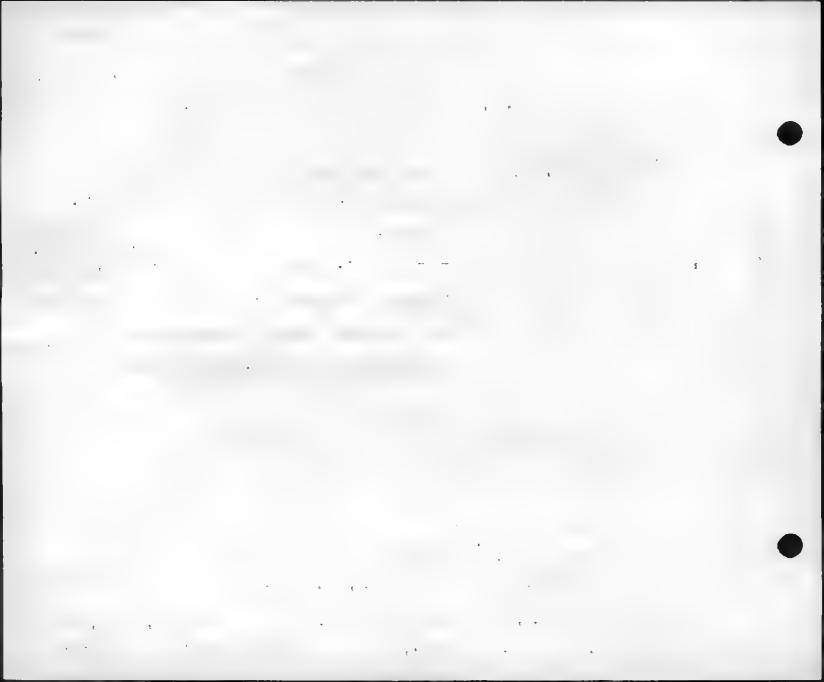
ĵ



MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH







10 1 3 4 . 115 200

30M REV

REGISTRAR'S SIGNATUR

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2n. DATE OF DEATH 2b. HOUR (Type or print) December 14 1988 Cora Irene Zimmerman IF UNDER 1 YEAR 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 6. AGE (In years female white 11-13-1882 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland Washington USA WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street oddress) during most of working life, even if retired.) Potomac, St. Hagerstown 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Md. Hagerstown YES X 811 S. Potomac, St. Wash. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Lost Lost

Yes, no of unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY:

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Luther M.

16b. SOCIAL SECURITY NO. None

Zimmerman

17. INFORMANT Mr.Adelbert Burton Hagerstown, Md.

Louisa

Saltsgiver

BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

190, DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES 🔲 NO Z 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M.

HOUR A.M. Month Day Year

City or Town

Stote County

21d. INJURY OCCURRED While Not while of work

21e. PLACE OF INJURY

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

220. I certify that (I) (this hospital) attended the deceased from U.se 17 , 1966, to De sow the deceased alive on 13 Dec 1960, and that in (my) (our) opinion death occurred on the date and hour and from the

couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

Minnich Funeral Home Hagerstown, Md.

ATTENDING PHYS. 22e. ADDRESS DIRECTOR

22c. DATE SIGNED STAFF PHYS.

PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION

23b. DATE

NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

(Stote) (County) Hagerstown, Md.

director, I should be Burial (Specify) 24. FUNERAL DIRECTOR

12-16-68 **ADDRESS**

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATUR

O FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN: 7 Page 4 may be retained by the hospital or 30M REV. 1/68

24 hours after death

requires that the death certificate be executed

ending physician and completery tipled in by the mit. Then please remove carbon papers. Page: or removal, and in any event, within 72 hours of

attending physician and composermit. Then please remove

permit.

signed by the burial-transit p burial, crematic

prior to b

of Health p

be detached State Dept. of

be filed with the

aftending physician.

cremation,

EL CALLES a vinence in the work of the contract of the c min I like you got the design of the second Control Carl Beach State Carl Description of the Control Almand and the termination of the last the last the last